United States Court of Appeals

for the Second Circuit

JOINT APPENDIX

Docket No. 76-6144

B

P/S

In The

United States Court of Appeals

For the Second Circuit

CERVIA M. WEIMER,

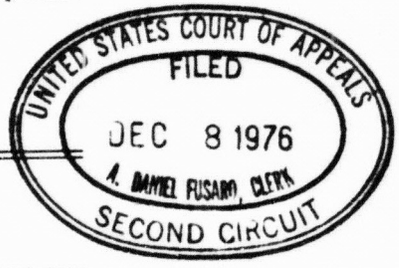
Plaintiff-Appellant,

— *vs.* —

ELLIOT RICHARDSON, Secretary of Health, Education and Welfare,

Defendant-Appellee.

Appeal From United States District Court
For the Western District of New York



JOINT APPENDIX OF PARTIES

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INDEX TO APPENDIX

	Page
Hearing Examiner's Decision	1
Order Remanding Case to HEW	9
Decision of Appeals Council and Exhibits	11
Order Granting Summary Judgment	29
Report of John A. Pietropaoli, M.D., dated 3-23-75	31
Report of John A. Pietropaoli, M.D., dated 6-18-75	33
Report of John A. Pietropaoli, M.D., dated 4-10-76	34
Report of Benjamin Pollack, M.D.	35
Report of George J. Baron, M.D.	38
Report of Lorie A. Gulino, M.D.	40
Report of Jared H. Krackov, M.D.	41

HEARING EXAMINER'S DECISION

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

HEARING EXAMINER'S DECISION

In the case of	Claim for
Cervia M. Wiener (Claimant)	Period of Disability and Disability Insurance Benefits
(Wage Earner) (Leave blank if same as above)	118-03-8155 (Social Security Account Number)

This case is before the Hearing Examiner on a request for hearing filed by the claimant, Cervia M. Wiener, who is dissatisfied with determinations of the Social Security Administration denying the application for disability insurance benefits under the Social Security Act, as amended, (hereafter called the Act) filed by the claimant, December 2, 1968. Hearing was held before the undersigned Hearing Examiner in Rochester, New York, October 31, 1969. The claimant and her husband were present and participated throughout the hearing.

The application states that claimant was last able to work in June 1967 because of Osteoarthritis plus complications. She was last regularly employed as a machine operator. She meets the earnings requirements of the Act through March 31, 1971.

The claimant previously applied for disability insurance benefits November 22, 1965 (Ex 1). This application was denied on initial determination December 17, 1965. The claimant took no further action on that application, but instead returned to work for the next 2 years, until leaving her job at Nylomold Corporation in June 1967. The claimant no longer asserts the right to disability insurance benefits based on the application of November 1965 and that application is not before the Hearing Examiner for decision.

STATEMENT OF LAW AND ISSUES

The general issues before the Hearing Examiner are whether the claimant is entitled to a period of disability and to disability insurance benefits under section 216(i) and 223, respectively, of the Act.

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HEARING EXAMINER'S DECISION

Section 223(d)(1) of the Act defines "disability" as the "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

Section 223(d)(2)(A) further provides that an individual shall be determined to be under a disability only if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any other kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work. For purposes of the preceding sentence (with respect to any individual) "work which exists in the national economy" means work which exists in significant numbers either in the region where such individual lives or in several regions of the country.

Section 223(d)(3) then states that a "physical or mental impairment" is an impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

The specific issues are whether the claimant was under a disability as defined in the Act and, if so, when such disability commenced and the duration thereof; whether the special earnings requirements of the Act are met for the purpose of entitlement; and whether the application was timely filed.

The claimant's earnings record shows that the special earnings requirements of the Act were met from a time prior to June 1967, when the claimant allegedly became disabled, and that those requirements continue to be met thereafter through March 31, 1971. Therefore, in order to be entitled to a period of disability or to disability insurance benefits, it is necessary that the evidence establish disability commencing not later than March 31, 1971. Except as further provided in section 216(i)(2)(F), the application cannot have been filed more than 12 months after the month in which a period of disability has ended.

ORAL TESTIMONY

At the hearing the claimant and her husband confirmed the basic data appearing in evidence. The claimant was born May 30, 1916 in Rochester, New York, and attended school through the 11th grade. She and Mr. Fisher were married July 20, 1954. There are no children of this marriage.

The claimant has had a varied work experience. Much of the time was spent as a domestic, either in private houses or on reference from SYCC, where she would be sent to one home or another to take charge of the house and the children for periods of time. More recently, she has had a variety of jobs. One type of job requires her to sort or pack articles by particular designation. For example at Grants, she worked in the stock room marking items that would then go out onto the floor. At the Nicox plant she did seated seasonal work, putting buckles on belts and then boxing the belt in accordance with the correct designation of style, size and initial. As the season was ending for this work, she got what she thought would be a better job at Graflex Inc., assembling photographic equipment with hand tools. However, she found she was dealing with articles too heavy for her to handle and she transferred to her final job at Nylomold Corporation, where she was a machine operator tending an extruded plastic machine. The claimant's job was to take out the manufactured plastic item, which came in groups of four. She would then cleanly cut each item from the core, which held the four parts together. She would throw each part into a basket and wait for the machine to produce the next batch. At the hearing she told of leaving this job in the summer of 1967, after being examined by a doctor for the company's insurance carrier, whose report appears to have qualified her for 26 weeks of disability under the company policy. The docter was identified as Ralph W. Prince. His report was sent for and will be summarized at the end of the medical evidence.

The claimant described her symptoms at the hearing substantially as follows: She cannot sit or stand in any one position for very long. She has gone from one doctor to another, but they do not give her much help. It is expensive to pay for house calls, and she cannot afford this unless she gets some benefit. She has trouble with her hands and she has to walk slowly, supporting herself across the room by holding on to furniture. Recently she has found a Madlung's condition in her arms, which affects two of the bones. She has pains in her back, shoulder, arms, hands and legs. She has frequently had to have treatment by the doctors because of flu and colds. She reported to Dr. Pietropaoli (Ex 24), that she had previously had fractures of both ankles, legs and wrists. She does not mean fracture in the technical sense. What she is referring to is this. She underwent a hysterectomy in 1960 and remembers that at that time one of her legs had given way and had been put in a cast, and the cast caused problems for the doctors who had to perform the hysterectomy.

The claimant hoped that Dr. Prince's report would shed some light on her orthopedic condition. In any event she had just seen Dr. Farrokh again and says that he tells her she cannot possibly work again. She will just have to live with her condition.

Mr. Wismer confirmed his wife's testimony and added that he has not permitted her to keep on with some of the jobs she has been hired for. Some involved night work and others were in parts of the town where he did not feel comfortable having his wife spend so much time.

MEDICAL EVIDENCE

The claimant was seen during the early months of 1965 by Joseph Karp, M.D., a general practitioner who trained at University of Nashville, Medical Department. He diagnosed pulmonary emphysema, frequent colds, pollinosis, osteoarthritis and nervousness. The clinical and diagnostic details of his examinations are reported, including chest X-ray, complete blood count, urinalysis, blood pressure and clinical examination. On the basis of all of these findings he prescribed iron and advised the claimant to begin the work effort which carried her through the next several years.

The claimant was next seen by Robert C. McVeigh, M.D., a general practitioner who has specialized in internal medicine since graduation from Stritch School of Medicine of Loyola University. Dr. McVeigh's report (Ex 10), shows a complete physical examination the end of August 1965. The examination was within normal limits, except for blood pressure of 170/90-100 and tenderness over the right sub-deltoid area. Previous X-ray reports were examined and an initial diagnoses were made of anxiety state, right sub-deltoid tendonitis, mild essential hypertension and pulmonary emphysema by X-ray. Medication like Butazolidine and Valium were discussed and the claimant was put on Indocin. Dr. McVeight doubted that the claimant could perform work as a homemaker based on her complaints, but then states:

> She is physically capable of doing some type of work, but emotionally she may be unable to adapt to any new position.

Medical evidence then moves to December 1968 when the claimant was seen for the first time by A. Farrokh, M.D., a doctor who has practised in the field of internal medicine and cardiovascular diseases and who trained at Faculty of Medicine, University of Teheran. The doctor reports seeing the claimant in her house on three occasions. She refused to come to the office for a thorough physical examination. All physical findings were non specific. Blood pressure was 100/80. He found "no deformity of joints, muscle atrophy or neurological abnormalities to substantiate the patient's subjective complaints." His diagnoses include osteoarthritis, degenerative, a few episodes of common cold and flu, anxiety and neurosis.

In March 1969, the claimant was seen at the request of the New York State Agency for an impartial psychiatric evaluation. A detailed history is given which is consistent with information reported in

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this decision, including symptoms of inability to walk without support from other people or from furniture. Dr. Pollack concludes his report (Ex 20) in pertinent part as follows:

> She shows voluntary splinting of her back and her right arm when it is in motion. She won't allow me to lift her right arm much as she claims that it will begin terrific pain. In a similar way, she adds if she bends forward that she will be in serious difficulty. However, she does go through these maneuvers and her muscles tense up but when I can distract her, she loses her splinting, both in the back and her arm.
>
> This woman, although she complains of innumerable pains and disabilities, walks quite freely out of my office without any disturbance in gait or any sign of the marked disability which she claims. She is comfortable, jokes and goes up and down the stairs with only a difficulty when this is pointed out to her.
>
> DIAGNOSIS: Conversion Hysteria.

The record also shows a report by John A. Pietropaoli, M.D. (Ex 24). The doctor had the benefit of X-rays taken at the Genesee Hospital (Ex 22). These showed the lumbosacral spine with no degenerative change and normal sacroiliac joints, with details as noted. Both these are negative. The hands showed minimal changes at the proximal IP joints, "not sufficient to warrant a definite diagnosis of rheumatoid arthritis." There was an old deformity of the wrists bilaterally known as Madlung's deformity, in which specific bones were slowed in their original growth in the radial portion. Another report made the same day to Dr. Farrokh (Ex 23), contained a negative study of the chest, knees and pelvis. There were minimal degenerative changes of the cervical spine and moderate changes in the wrists, which produced the only indication of rheumatoid arthritis. Dr. Pietropaoli added five normal or negative laboratory test results and gave diagnoses of degenerative osteoarthritis, hypertension and the history of fractures of the ankles, legs and wrists testified to by the claimant at the hearing.

Dr. Prince's report (Ex 27) covers an examination October 6, 1967 on behalf of the employer's insurance company. The claimant reported that she had been ill since July 1967, because of increasingly severe arthritis which had been coming on for some months. She complained of her right shoulder, low back, both knees and the joints of her right hand. History showed a hysterectomy five years previously and a current report of increasing hot flushes. A complete physical examination was made which produced normal or negative findings for the most part. Dr. Prince found that the proximal joints of the first, second and third fingers of the right hand were

tender and slightly swollen with slightly increased warmth and a poor grip. There was also increased heat and swelling on the right shoulder with limitation and pain on elevation beyond 45°, and there was spasm in the lumbar musculature. He reported to the insurance carrier that the claimant was "totally disabled at this time" for her job as a plastic machine operator. This was due to her arthritis. He says "it is difficult to classify this without further laboratory studies, but is a probably a (sic) mixed type or low-grade rheumatoid....It is not possible at this time to predict her expected period of disability, but in my opinion it will probably be prolonged."

EVALUATION OF EVIDENCE

The claimant in this case is a 53 year old woman with education through the junior year in high school. She has done domestic service for sometime in the past, but more recently has worked in factories making up items to go from the stock room to the floor, packaging belts and buckles, and doing assembly work. At the time she last worked she was operating an extrusion plastic machine.

The claimant has reported a number of symptoms both before and after she stopped working in June 1967. She reported a series of frequent colds as early as 1965, an an X-ray was interpreted as showing a tendency toward pulmonary emphysema at that time. However, there has been no later pulmonary development and the Hearing Examiner does not find that the claimant has emphysema.

There are also reports of arthritis. Dr. Karp described it as osteoarthritis in 1965 and this diagnosis was continued by Dr. Farrokh in 1969. However, at that late date the doctor found no deformity of joints, muscle atrophy or neurological abnormalities, which if present would tend to show that the arthritis was severe. A second arthritic condition appears in Dr. Prince's examination of October 1967. He found tenderness and slight swelling and slight warmth in certain proximal joints and in the right shoulder and because of those conditions and the lumbar spasm, felt she could not continue to operate the plastic extrusion machine and considered the arthritis "probably a ...low-grade rheumatoid." A somewhat similar finding was made on an X-ray in June 1969, when Dr. Gulino reported "moderate changes in the wrists compatable with rheumatoid arthritis." This condition was examined the same day at the Genesee Hospital where a more definitive opinion was reached (Ex 22). The wrist changes were found to be "not strikingly those of rheumatoid arthritis", but rather a congenital condition known as Madlungs deformity in which the arm bones ending at the wrist present the observed condition. This was congenital with the claimant. There were "minimal changes at the proximal interphalangeal joints not sufficient to warrant a definite diagnosis of rheumatoid arthritis." This latter conclusion is accepted by the Hearing Examiner. Dr. Prince had found

a condition flaring up in October 1967, which he diagnosed as probably rheumatoid arthritis, although he would have preferred to have laboratory and test material to aid him. He expected that the condition would incapacitate the claimant for a substantial period of time and presumably would progress. However, the actual medical reports through June 1969 show that the condition did not progress and in fact was deemed not sufficient to warrant a definite diagnosis of rheumatoid arthritis even then. For all of these reasons the hearing examiner concludes that the claimant has early and minimal symptoms pointing toward arthritic involvement. This involvement has not however been of sufficient severity to prevent the claimant from engaging in her customary activities or returning to one of the jobs which she has recently held. Specifically it is found that her pulmonary and arthritic conditions combined have not been so severe for any demonstrated period of 12 months, as to prevent the claimant from working as a boxer of belts and buckles, as a stockroom worker preparing items for a factory floor or as an assembler working on light articles.

The claimant has two other conditions. One has been variously diagnosed as nervousness, anxiety neurosis conversion hysteria. The most authoratative and persuasive appraisal came from Dr. Pollack, a neuropsychiatrist, whose impartial report (Ex 20) concludes that the condition should be described as a conversion hysteria which did not render the claimant incompetent.

The second and last remaining condition relates to the peculiar gait which the claimant demonstrates. She walks across the room with the portion of her body from the hips up appearing to be swivelling beyond the control of her legs. She helps herself by extending an arm and resting it on the furniture as she passes. She demonstrated this gait in the court room in which the hearing was held, and there are references to a similar series of motions in the medical record. The claimant asserted that her unsteadiness stemmed from early fractures of both ankles and knees and she asserted that one leg was in a full length cast at the time of her hysterectomy around 1960. No medical corroboration has been received for any of these assertions and in fact the 1969 X-rays prove that no fractures ever existed as reported by the claimant. The matter was finally explained by Dr. Pollack, who found that the claimant was voluntarily splinting her back and her arm. He thus describes her as holding her back and arm in a position as rigid as if it were in a splint. This causes the unnatural gait. The gait disappears as soon as the claimant is distracted. After which he reports that she "walks quite freely out of my office without any disturbance in gait or any sign of the marked disability which she claims." The Hearing Examiner accepts this appraisal and finds that the claimant's apparent difficulty in gait and apparent

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instability is not an impairment at all, but is a posture voluntarily assumed by the claimant.

HEARING EXAMINER'S FINDINGS AND RULINGS

The Hearing Examiner has considered all the evidence of record in this case, and, in addition to findings and rulings made heretofore in this decision, makes the following express findings and rulings.

1. The claimant's impairment consists of a combination of moderate to mild pulmonary conditions, arthritic symptoms, nervousness variously described and status post hysterectomy.

2. These conditions taken singly and in combination have never been so severe for any period of 12 consecutive months, as to prevent the claimant from returning to one or another of the jobs which she has held in the recent past.

3. The claimant's recital of subjective complaints is found to be substantially exaggerated and not credible as a literal description of symptoms.

4. The evidence fails to establish that the claimant's impairments prevented the claimant from engaging in substantial gainful activity for any continuous period, prior to the date of this decision, which has lasted or can be expected to last at least 12 months.

5. The claimant was not under a disability as defined in the Act at any time up to and including the date of this decision.

DECISION

It is the decision of the Hearing Examiner that the claimant is not entitled to a period of disability or to disability insurance benefits under the provisions of sections 216(i) and 223, respectively of the Act.

Laurence M. King, Hearing Examiner
Room E-130, John F. Kennedy Federal Bldg
Boston, Massachusetts 02203

DATE: December 10, 1969

ORDER REMANDING CASE TO HEW.

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

CERVIA M. WIDMER,

Plaintiff

- vs - CIVIL 1970-132

ELLIOT RICHARDSON, Secretary of Health, Education and Welfare,

Defendant

Edmund Clynes, Esq.
45 Exchange Street
Rochester, N.Y. 14614
Attorney for plaintiff

John T. Sullivan, Jr., Esq.
Assistant United States Attorney
for the defendant

This case was submitted for decision on July 8, 1971. The decision of the Hearing Examiner was dated December 10, 1969.

The attorney for the plaintiff submitted with his brief a report of John A. Pietropaoli, M.D., dated March 23, 1970 which shows that the plaintiff had been under his care since September 18, 1968. The concluding paragraph of that statement reads: "In view of her constant pain in the affected joints at best I would have to consider her totally disabled.", and another report of Dr. Pietropaoli's dated February 20, 1971 in

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which he states: "She is completely disabled and needs every financial assistance in obtaining her drugs and medications."

The decision of the Hearing Examiner in the second paragraph shows that the plaintiff meets the earnings requirement of the Act through March 31, 1971.

A statement of Dr. Pietropaoli's dated June 27, 1969, was received in evidence as Exhibit No. 24 by the Hearing Examiner. In that statement however he made no reference to disability of the plaintiff.

IT IS HEREBY ORDERED, pursuant to 42 U.S.C. Section 405g, on good cause shown, viz, the reports of John A. Pietropaoli, M.D., dated March 23, 1970 and February 20, 1971, that additional evidence be taken as to the extent and the probable duration of disability of the plaintiff, as referred to in the reports of Dr. Pietropaoli dated March 23, 1970 and February 20, 1971. For that purpose the case is hereby remanded to the Secretary.

Harold P. Burke

HAROLD P. BURKE
United States District Judge

March 24, 1972.

DECISION OF APPEALS COUNCIL AND EXHIBITS

123

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

DECISION OF APPEALS COUNCIL

In the case of	Claim for
Cervia M. Wiener (Claimant)	Period of Disability and Disability Insurance Benefits
(Wage Earner) (Leave blank if same as above)	118-03-2155 (Social Security Number)

This case is before the Appeals Council on remand from the United States District Court for the Western District of New York (Civil Action File Number 1970-132).

The administrative law judge, formerly "hearing examiner," in his decision of December 10, 1969, held that the claimant was not entitled to a period of disability or to disability insurance benefits under the applicable provisions of the Social Security Act. The Appeals Council vacates its denial of the claimant's request for review of that decision.

The statements of the administrative law judge as to the pertinent provisions of the Social Security Act, the issues in the case, and the evidentiary facts which were before him are incorporated herein by reference.

Evidence in addition to that previously considered has been introduced into the record as Exhibits AC-1 through AC-6. The documents are briefly described in the appended list of exhibits. On December 1, 1972, the claimant and her attorney were given an opportunity to review and comment on those exhibits not previously seen by them (Exhibit AC-7). In response, the attorney submitted another report from Dr. Pietropaoli dated December 9, 1972. That report is entered into the record as Exhibit AC-8.

PROCEDURAL HISTORY

The claimant filed her first application for a period of disability and disability insurance benefits under the Social Security Act on November 22, 1965. At that time she alleged that she became unable to work on March 17, 1965, as the result of arthritis and chronic bronchitis. This application was denied on December 17, 1965, because the claimant did not meet the insured status requirements of the Act.

FORM HA-516
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A statement of the claimant's earnings indicates that she first met the earnings requirements on January 1, 1967, and last met these requirements on September 30, 1971 (Exhibits 9 and AC-9).

On December 2, 1968, she filed a second application, alleging inability to work since June 1967, as the result of "osteoarthritis plus complications." This claim was denied initially, upon reconsideration, and by an administrative law judge following a hearing at which she appeared and testified. In his decision of December 10, 1969, the administrative law judge found that the claimant was currently insured but was not under a "disability" as defined in the Act.

Following the denial of the claimant's request for review of that decision, a civil action was instituted. With his brief, the attorney for the plaintiff submitted two additional statements from John A. Pietropaoli, M. D., the claimant's treating physician (Exhibits AC-1 and AC-2). On March 29, 1972, the court remanded this case to the Secretary to consider these reports and for the taking of additional evidence. Additional evidence has been obtained and the case is now before the Appeals Council for final administrative decision.

SUMMARY OF THE ADDITIONAL EVIDENCE

In his reports dated March 23, 1970 and February 20, 1971, respectively, Dr. Pietropaoli stated that he has treated the claimant since September 1968. He stated that she has severe osteoarthritis of the lumbar spine, wrists and hands; deformity of both wrists, "probably congenital;" hypertension; and a history of fractures of both ankles, legs and wrists. He stated in the first report that "In view of her constant pain in the affected joints at rest, I would have to consider her totally disabled" (Exhibit AC-1). In the second report he stated that "She is completely disabled and needs every financial assistance in obtaining her drugs and medication" (Exhibit AC-2). In a third report, dated December 9, 1972, the doctor stated that the "only confirmatory evidence" of his diagnosis of osteoarthritis was the report of x-rays by Dr. Lorie Gulino (See Exhibit 23). Dr. Gulino's report indicated "minimal degenerative changes in the lower cervical spine, moderate changes in the wrists compatible with rheumatoid arthritis." On this basis, Dr. Pietropaoli stated that the diagnosis would "resolve into" mild degenerative arthritis of the cervical spine and moderate rheumatoid arthritis of the wrists (Exhibit AC-6).

In view of the claimant's continued complaints and the paucity of objective medical evidence, the claimant was examined at government expense on September 17, 1972, by Jared H. Krackov, M.D., a Diplomate of the American Board of Internal Medicine, and x-rays were taken on September 21, 1972, by Frederick S. Erdman, M. D., a Diplomate of the American Board of Radiology (Exhibits AC-3, AC-5).

Dr. Krackov reported that by history the claimant has had a syndrome of rather severe polyarthralgia since 1968 with a minimum of objective findings. The claimant told the doctor that she was unable to use her arms and legs for any useful purpose and that she could stand for only ten minutes at a time. She claimed to have attacks of arthritis in which she hurts "everywhere," but she was unable to describe any acute swelling of joint deformities to coincide with these attacks. She was taking Valium for "nerves," Talwin for pain, and Tandearil. She also took medication for high blood pressure.

On physical examination the claimant was 4'11" tall and weighed 112 pounds. Doctor Krackov reported that she was "somewhat dramatic in her presentation, groaning with most movements that were required for examination." However, when she left the office, Dr. Krackov observed that she was "able to walk without any groans." Her blood pressure was 160/100, and her pulse was 60. The sed rate was normal and the latex fixation test negative. There was no limitation of neck motion. A thorough examination of her joints was performed and there was "questionable limitation of shoulder motion," no limitation of neck motion, no limitation of motion of any other joint and no joint deformities except for the right middle finger, which was "swollen at the PIP joint and was kept in a flexed position." There was no symmetrical swelling of any other digital joints, no Heberden's nodes, and no loss of muscle mass was noted. Dr. Krackov concluded that the claimant had "definite hypertension with grade 2 funduscopic changes" and a deformity of one joint of her right middle finger. There were no objective findings suggestive of rheumatoid or degenerative arthritis (Exhibit AC-3).

Dr. Erdman, a radiologist, reported that based on x-rays taken on September 21, 1972, the claimant's right shoulder and right knee exhibited no significant findings and no evidence of fracture. His impression was of a "normal right shoulder" and "negative right knee" (Exhibit AC-5).

EVALUATION OF EVIDENCE

A careful review of all the medical evidence now of record does not establish that the claimant had a disabling physical or emotional impairment on or before September 30, 1971, when she was last insured for purposes of receiving Social Security disability insurance benefits. Despite Dr. Pietropaoli's statements that the claimant is disabled, his ultimate diagnosis of mild degenerative arthritis of the cervical spine and moderate rheumatoid arthritis of the wrists indicates at most only a slight functional limitation. X-rays taken on June 24, 1969, at the Genesee Hospital indicated that the claimant has a congenital deformity of the wrist, known as "Madlungs deformity." This was described by the radiologist as "likely the sequela of a defect in the epiphyseal development radially which causes the bones [of the wrist] to slow their growth in the radial portion" (Exhibit 22). Dr. Krackov stated that the Madlungs deformity was of "doubtful clinical significance" (Exhibit AC-3).

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In addition, Dr. Krackov found "no objective findings suggestive of rheumatoid or degenerative arthritis," in contrast to the diagnoses of both rheumatoid and degenerative arthritis by the treating physicians. In this regard, the Appeals Council notes that the treating physicians' reports have been generally quite brief and have contained little clinical date or laboratory findings which would confirm a diagnosis of rheumatoid arthritis or support a finding of significant degenerative changes. On the other hand, Dr. Krackov noted that a latex agglutination test was negative and uric acid and the sedimentation rate were normal. A "thorough examination of her joints" revealed no limitation of motion in any joints except her shoulders, where the limitation was "questionable." He diagnosed only hypertension, for which the claimant is taking medication, and a deformity of one joint of her right middle finger.

Although the claimant's complaints have been diagnosed at various times as anxiety, conversion hysteria and neurosis, the report of an examination conducted on March 10, 1969, by Benjamin Pollack, M. D., a neuropsychiatrist, did not reveal a significant mental impairment. She was spontaneous, coherent, relevent, and well orientated. Although she described pain and limitation of motion with "dramatic emphasis," these apparently disappeared when she was distracted. Dr. Pollack diagnosed a "conversion hysteria," but described no significant limitation placed upon her thereby (Exhibit 20).

Thus, the evidence of record indicates that although the claimant has some discomfort in the joints of her upper extremities, mild degenerative arthritis of the cervical spine, and some deformity, probably congenital, in her wrists, she retained the capacity, on or before September 30, 1971, to perform many of the jobs she performed previously, as set forth by the administrative law judge in his decision issued on December 10, 1969.

FINDINGS OF FACT

After careful consideration of all the evidence now of record the Appeals Council makes the following findings:

1. The claimant last met the special earnings requirement of the Social Security Act on September 30, 1971.

2. The claimant has not established that she has any impairments, either singly or in combination, which would preclude her from engaging in any substantial gainful activity.

3. The claimant was not under a "disability," as defined in the Act, at any time during which she met the insured status requirements.

DECISION

It is the decision of the Appeals Council that the claimant is not entitled to a period of disability or to disability insurance benefits under the Social Security Act, as amended. The administrative law judge's decision issued on December 10, 1969, is affirmed.

APPEALS COUNCIL

Carl Monk

Carl Monk, Member

JAN 29 1973

DATE

Norman S. Kerns

Norman S. Kerns, Member

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DECISION OF APPEALS COUNCIL AND EXHIBITS.

122

Cervia M. Wiemer (Claimant) 118-03-2155 (Social Security Number)

(Wage Earner) (Leave blank if same as above)

EXHIBITS

EXHIBIT NO.	DESCRIPTION	NO. OF PAGES	COURT TRANSCRIPT PAGE NOS.
AC-1	Statement dated March 23, 1970, signed by John A. Pietropaoli, M. D.	1	135
AC-2	Statement dated February 20, 1971, signed by John A. Pietropaoli, M. D.	1	136-137
AC-3	Medical Report dated 9/27/72, signed by Jared H. Krackov, M. D., and report of contact dated October 24, 1972.	3	138-140
AC-4	Professional Qualifications of Jared H. Krackov, M. D.	1	141
AC-5	Medical Report dated September 22, 1972, signed by Frederick S. Erdman, M. D.	1	142
AC-6	Professional Qualifications of Frederick S. Erdman, M. D.	1	143
AC-7	Letter to Mr. Edmund Clynes, attorney for the claimant signed by Carl Monk, Member, Appeals Council and dated December 1, 1972.	1	144
AC-8	Statement dated December 9, 1972, signed by John A. Pietropaoli, M. D.	1	145
AC-9	Report of claimant's earnings under the Social Security Act.	1	146

135

SIBERT R. DOUGLAS, M.D.
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Telephone 546-2240

March 23, 1970

TO WHOM IT MAY CONCERN:

Mrs. Weiner has been under my care since September 18, 1968.

She has hypertension, degenerative Arthritis of the Lumbar Spine and Hands, with deformity of both wrists (probably congenital) and a history of fractures of both ankles, legs, and wrists.

She has not worked since 1965.

In view of her constant pain in the affected joints at rest, I would have to consider her totally disabled.

Sincerely,

John A. Pietropaoli, M.D.

JAP/ll

Rochester Welfare Dept. 1954 Welfare Office Medical Report

EXHIBIT AC 1

136

SIBERT R. DOUGLAS, M.D.
WERNER KUNZ, M.D.
JOHN A. PIETROPAOLI, M.D.
220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607

Telephone 546-2240

February 20, 1971

To Whom It May Concern:

I have taken care of Mrs. Cervia Wiemer since September of 1968. She has severe osteoarthritis of the lumbar spine, wrists, and hands, and also hypertension.

She is completely disabled and needs every financial assistance in obtaining her drugs and medication.

Sincerely,

John A. Pietropaoli, M.D.

JAP:kmt

"Best Typed Copy of Following Page for Legibility"

SIBERT P. DOUGLAS, M.D.
WERNER KUNZ, M.D.
JOHN A. PIETROPAOLI, M.D.
220 Alexander Street
Rochester, New York 14607

Telephone 546-2240

Feburary 20, 1971

To Whom It May Concern:

I have taken care of Mrs. Cervia Wiemer since September of 1968. She has severe osteoarthritis of the lumbar spine, wrists and hands, and also hypertension.

She is completely disabled and needs every financial assistance in obtaining her drugs and medication.

Sincerely,

S/ John A. Pietropaoli,

John A. Pietropaoli, M.D.

JAP: kmt

DAVID EISENBERG M.D.

JARED H. KRACKOV M.D.

1323 SOUTH AVENUE ROCHESTER, NEW YORK 14620 / TEL 271-6966

INTERNAL MEDICINE

138

September 27, 1972

Philip R. Casesa, M.D.
Chief Medical Consultant
Bureau of Disability Determinations
110 William Street
New York, New York 10038

Re: Cervia Wiemer
Soc. Sec. #118-03-2155

Dear Doctor Casesa:

I examined Mrs. Wiemer on September 17, 1972. Her history of apparent disability since 1968 was reviewed with the patient and with the numerous documents contained in the medical exhibits folder. Briefly, she has had a syndrome of rather severe polyarthralgia since 1968 with a minimum of objective findings. She states that she is unable to use her arms and legs to any useful purpose and that she can only stand for ten minutes at a time. She claims to have difficulty in getting dressed and to be unable to put her arms over her head. She claims to be able to walk only short distances, several feet, and claims to fall all the time. Because of her falling, she apparently sustained a fracture of her right lower leg in 1971 treated by Doctor Crawford in Rochester, New York. Her actual symptoms began in 1962 but didn't cause disability until 1968. She claims to have "attacks" of arthritis in which she hurts everywhere but is unable to describe any acute swelling or joint deformities to coincide with these "attacks." There appears to be no waxing or waning of her symptoms; they're always there and always bad.

Diagnoses in the past have been both possible rheumatoid arthritis, osteo-or degenerative arthritis, and nervousness. A review of the supplied records reveals very little in the way of significant objective findings; multiple x-rays were taken in June of 1969 and included normal sacroiliac joints, negative x-rays of her left knee and right knee, and x-rays of her hands not at all diagnostic of rheumatoid arthritis but possibly suggestive of of a developmental deformity called Madlungs deformity which is of doubtful clinical significance. She also had a negative latex agglutination and normal uric acid in 1969.

EXHIBIT A.C.3 (353)

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Philip R. Cascua, M.D. -2- September 27, 1972
Chief Medical Consultant Re: Cervia Wiener

The patient currently takes Valium for her nerves, frequent Talvin for her pain, and Tandearil. She also takes Inna for her elevated blood pressure. Her past medical history includes a hysterectomy and tonsillectomy, the use of bifocal glasses, exertional dyspnea, and the occasional use of alcohol as well as one pack of cigarettes per day.

On physical examination, she is 4'11" tall and weighs 112 pounds. She was somewhat dramatic in her presentation, groaning with most movements that were required for examination; however, when she left the office, she was able to walk without any groans. Her blood pressure was 160/100 and her pulse was 80. There was no limitation of neck motion. Funduscopic examination revealed definite arteriolar narrowing and A-V nicking. A thorough examination of her joints was performed and there was questionable limitation of shoulder motion, no limitation of neck motion, no limitation of motion of any other joint and no joint deformities except for the right middle finger. The right middle finger was swollen at the PIP joint and was kept in a flexed position. There was no symmetrical swelling of any other digital joints and no Heberden's nodes; this appeared to be an isolated finding. In addition, there was no loss of muscle mass noted.

The sed rate was 5 millimeters per hour which was normal. Additional laboratory studies are pending.

In conclusion, this patient has definite hypertension with grade 2 funduscopic changes, and has a deformity of her PIP joint of her right middle finger that is isolated and suggestive of trauma. There are no objective findings suggestive of rheumatoid or degenerative arthritis.

Yours truly,

Jared H. Brackov, M.D.

Lasix - neg
LE prep - neg
X-ray of skull - normal
X-ray of chest - normal

cc: jw
Encls.

DECISION OF APPEALS COUNCIL AND EXHIBITS

REPORT OF CONTACT
(Use ink or typewriter)

11-03-2005 1 1

TO: NY P BIR CH KC SF DBS DIO SA

Cinda M. Uptmor

PERSON(S) CONTACTED AND ADDRESSES (WE OR SE PERSON) (OTHER PARTY)

Carl Bacon, Esq. Highland Hospital
Collins, N.Y. Lackawanna, N.Y.

CONTACT MADE
☐ DO ☐ BO ☐ SC ☐ HOME ☑ PHONE ☐ OTHER

DATE OF CONTACT 10/26/05

SUBJECT

Def's 10-day - 11-22-05 - Jurisdiction Expires
181-16-4733 - Highland Hosp Ltr

Request to attorney written BUO was done.

Facts: was written waiting to confirm that blood uric acid was done and given at H.O.

Highland hospital was contacted, was noted clinical that results will be mailed tomorrow upstairs BUO was H.O.

Next action: Refer to examiner for dec. from ALJ

SIGNATURE
C. M. Uptmor
DISTRICT OFFICE

☐ CR ☐ FR ☐ SSI ☐ CLAIMS CLERICAL
☐ OTHER

DATE

FORM SSA-5002

BEST COPY AVAILABLE

DECISION OF APPEALS COUNCIL AND EXHIBITS

PROFESSIONAL QUALIFICATIONS

141

1. Physician's Name [redacted] (Last) [redacted] (First) H. (Middle)

2. Address 1393 South Avenue

Rochester, New York 14620

3. Year of Birth (B): 1935

4. Medical Education (ME): State: New York

School: State University of New York, Downstate Medical Center New York-Brooklyn

Year of Degree: 1960

5. Year of License (L): 1964

6. American Specialty Boards (AB): American Board of Internal Medicine, DIPLOMATE

7. Medical Specialties: Internal Medicine

8. Type of Practice (TOP): Full-time

9. National Scientific Medical Societies (SS): American Society of Internal Medicine

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory

Year: 1989 Edition: 25 Page: 2874

Other Sources:

EXHIBIT AC 4

Form HA-526

142

277 ALEXANDER STREET
ROCHESTER N Y 14607
PHONE 546 4110

A GORDON ICE M D
THEODORE B STEINHAUSEN M D
ROBERT J CALLMAN M D
JOHN W COLGAN M D
CHARLES E SHERWOOD M D
BEN SISCHY M D
FRANCIS M KELLEY M D
FREDERICK S ERDMAN M D
F JOAN FURNAS M D

2273 CLINTON AVE SO
ROCHESTER N Y 14618
PHONE 546 4110

72 SEP 25 12:12:39

September 22,1972

Dr. Philip Casesa
Dept. of Social Services
110 William Street
New York, N.Y. 10038

Dear Dr. Casesa:

The following is the report on Mrs. Cervia M. Wiemer, who was in our Medical Arts office on September 21,1972.

Right shoulder. The bone structure is intact and normal. There is no evidence of fracture or soft tissue calcification. There are no significant findings.

IMPRESSION: Normal right shoulder.

Right knee. There is no evidence of joint effusion. The bone structure is intact. There are no foreign bodies within the joint.

IMPRESSION: Negative right knee.

Thank you for theopportunity of seeing Mrs. Wiemer.

Sincerely yours,

F S Erdman

Frederick S. Erdman, M.D.

SR;ss;p
203540

cc: Dr. Krackov

EXHIBIT 8 C 5

DECISION OF APPEALS COUNCIL AND EXHIBITS

PROFESSIONAL QUALIFICATIONS

143

1. Physician's Name: [redacted] (Last) [redacted] (First) S., Jr. (Middle)

2. Address: South Avenue-Calkins Drive
Rochester, New York 14620

3. Year of Birth (B): 1934

4. Medical Education (ME): State: New York
School: Cornell University Medical College, New York
Year of Degree: 1960

5. Year of License (L): 1961

6. American Specialty Boards (AB): American Board of Radiology, DIPLOMATE

7. Medical Specialties: Radiology

8. Type of Practice (TOP): Other full-time staff in hospital service

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:
School:
Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory
Year: 1969 Edition: 25 Page: 2671

Other Sources: Directory of Medical Specialists, Vol. 13, 1968-69; p. 1614.

EXHIBIT ACG

FORM HA-526

DECISION OF APPEALS COUNCIL AND EXHIBITS

144

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518 WASHINGTON, D.C. 20013

REFER TO

BUREAU OF
HEARINGS AND APPEALS

HA:P
110-03-2155

DEC 1 1972

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

Dear Mr. Clynes:

Re: Mrs. Carvia M. Wiener, 117 Dorsey Road, Rochester, New York 14616

In furtherance of the court order of remand in Mrs. Wiener's case, the Appeals Council proposes to introduce the following documents into the record as exhibits:

Medical Report signed by Jared H. Krackov, M. D. dated September 27, 1972.

Professional Qualifications of Jared H. Krackov, M. D.

Medical Report signed by Frederick S. Erdman, M. D. dated September 22, 1972.

Professional Qualifications of Frederick S. Erdman, M. D.

Report of contact with Jared H. Krackov, M. D. dated October 24, 1972.

We are enclosing copies of these documents to afford you an opportunity to examine and comment on them before they are received into the record. If you have any comments or additional documents, please submit them to the Appeals Council within 10 days from the date of this letter. Thereafter, the Appeals Council will consider the record, including the proposed exhibits, and will issue its decision.

Sincerely yours,

Carl Funk
Member, Appeals Council

Enclosures

cc: Mrs. Carvia M. Wiener

EXHIBIT KC7

BEST COPY AVAILABLE

GILBERT R. DOUGLAS, M.D.
WERNER KUNZ, M.D.
JOHN A. PIETROPAOLI, M.D.
220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607

Telephone 546-2240

145

December 9, 1972

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

118-03-[illegible]

Re: Cervia Riemer

Dear Mr. Clynes:

The only confirmatory evidence of our diagnosis of osteoarthritis is the report of Dr. Lorie Gulino's cervical spine x-ray report of minimal degenerative osteoarthritic changes of lower cervical spine.

Evidence of rheumatoid arthritis exists in Dr. Gulino's report of hands and wrists x-rays "compatible with moderately advanced rheumatoid arthritis with loss of joint space and deformity of medial aspects of the radius, and soft tissue swelling over ulnar side of both wrists".

Therefore, the diagnoses would resolve into:
1. Mild Degenerative Arthritis - cervical spine.
2. Moderate Rheumatoid Arthritis - wrists.

Sincerely,

John A. Pietropaoli, M.D.

JAP:jm

EXHIBIT 15-8

143

118-C3-2155 CM WIEMER 05-16 FEMALE JOB 530

F

	EARNINGS	WQC	SE	AG		EARNINGS	WQC	SE	AG
TOTAL	10500.60	28			51 TO	9158.13	28		
51	36.64		0	-	52	80.04		0	-
53	456.61	CCCN	0	-	54	NONE	NNNN	0	-
55	NONE	NNNN	0	0	56	189.50	NNNC	0	0
57	NONE	NNNN	0	0	58	NONE	NNNN	0	0
59	482.94	CNNN	0	0	60	NONE	NNNN	0	0
61	647.55	NCCC	0	0	62	1548.58	CCCC	0	0
63	1956.76	CCCC	0	0	64	1533.12	CCCC	0	0
65	142.70	CNNN	0	0	66	818.76	NNCC	0	0
67	1049.63	CCCN	0	0	68	165.00	NNCN	0	0
69	NONE	NNNN	0	0	70	NONE	NNNN	0	0
71	NONE	NNNN	0	0					

2/20/71

EXHIBIT AC-9

EXHIBIT AC-9

ORDER GRANTING SUMMARY JUDGMENT.

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

CERVIA M. WEIMER,

Plaintiff

- vs -

CIVIL 1970-132

ELLIOTT RICHARDSON, Secretary of Health, Education and Welfare,

Defendant

Edmund Clynes
45 Exchange Street
Rochester, N.Y. 14614
Attorney for plaintiff

Gerald J. Houlihan
Assistant United States Attorney
for the defendant

By motion filed March 18, 1976 the defendant moves for summary judgment.

Although the motion only refers to the transcript of the administrative record which was submitted with defendant's answer to the complaint filed July 22, 1970, there has been a supplemental transcript of a hearing held pursuant to an order of this court dated March 29, 1972 remanding the case to the Secretary for additional evidence as to the extent and probable duration of disability of the plaintiff, as referred to in the reports of Dr. Pietropaoli dated March 23, 1970 and February 20, 1971. The supplemental transcript was filed on or about March 1, 1973. The result of that hearing

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was a decision of the Appeals Council dated January 29, 1973 that the claimant is not entitled to a period of disability or to disability insurance benefits under the Social Security Act as amended, and affirmed the Administrative Law Judge's decision issued on December 10, 1969. Upon due consideration it is hereby

ORDERED that the decision of the Appeals Council dated January 29, 1973 is affirmed upon the ground that the decision is supported by substantial evidence.

Harold P. Burke

HAROLD P. BURKE
United States District Judge

June 29, 1976.

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REPORT OF JOHN A. PIETROPAOLI, M.D.,
dated 3-23-75.

117 Dorsey Rd 14617
B.D. 5/30/16
B.C # 737997 -pl.

DISCHARGE SUMMARY

RE: Cervia Wiemer
THE GENESEE HOSPITAL
UNIT: 24-17-68
ADMITTED: 3-12-75
DISCHARGED: 3-24-75

This 58-year-old lady with chronic anxiety, degenerative osteoarthritis, status post hysterectomy in 1961, with anterior repair in September 1974, chronic hypertension; had been treated with one tablet every morning, Valium 5 mg. p.r.n. and Doriden 0.5 gm. hs p.r.n. She had been doing satisfactorily with some arthralgias relieved by the above treatment until the day before admission when she noted some abdominal crampy pain in both lower quadrants with repeated red bowel movements and weakness. She called me on the day of admission and was referred immediately for admission via the Emergency Department. She smokes approximately one and one-half packs of cigarettes per day and vomited times one, prior to admission.

PHYSICAL EXAMINATION: Revealed a well developed, warm feeling, obese short woman who was complaining of lower abdominal cramping and diarrhea. BP 150/100; and when sitting BP 105/60. The temperature 38° and the pulse 120, regular. Significant physical findings, revealed that she was edentulous, a few basilar rhonchi in both lung fields. The heart revealed a sinus tachycardia at 120 per min. Abdomen: revealed tenderness in all four quadrants without any masses palpable. Bowel sounds were increased and there was a suprapubic surgical scar. Rectal examination: revealed no masses, stool was brown and 4+ guaiac.

A Sigmoidoscopic Examination done by Dr. Warren Smith, revealed the entire mucosa to 18 cm. with a hemorrhagic edematous and fibronous exudate appearance, probably consistent with ulcerative colitis.

LABORATORY DATA: Initial hematocrit, 42%, later dropping to 37% and then rising to 41% by the time of her dischrge. WBC. initially 17,100, later dropping to 7000. Differential was normal except for 18% bands on the first WBC. Protime normal and urinalysis negative except for some microscopic pyuria. Stool guaiacs were as reported but later, reported as negative.

PA and Later/chest x-ray negative. Supine and decubitus films of the abdomen were negative. Barium Enema, was grossly normal. Upper G.I. Series with Small Bowel revealed only a small hiatus hernia with some reflux and prolapse into the basilar duodenal cap. Otherwise the study unremarkable.

Electrocardiogram: Normal.

Biopsies of the rectal mucosa revealed a probable ulcerative proctocolitis with ischemic prostitis not being able to be ruled out, by these two biopsies.

HOSPITAL COURSE: The patient was admitted to The Genesee Hospital, and was typed and cross-matched and her vital signs and hematocrits were monitored very closely. Her bowel movements gradually subsided on symptomatic therapy. Azulfidine two tablets q.6.h. was added to her regimen for definitive therapy as were Cort enemas q.12.h. She gradually improved and was resigmoidoscoped by Dr. W. Smith, on 3-21-75 and the sigmoidoscopy was regarded as normal. No evidence of ulcerations at that time. There was a normal appearing mucosa with no hemorrhages, exudates or ulcerations.

DISCHARGE THERAPY:

1. Restricted residue diet two gram sodium
2. Azulfidine two tablets q.i.d.

DISCHARGE DIAGNOSES:

1. Ulcerative proctocolitis
2. Hypertensive vascular disease
3. Degenerative osteoarthritis

CONDITION UPON DISCHARGE: Improved.

FOLLOWUP: Will be in my office.

John A. Pietropaoli, M.D.

MFV
DT 3-23-75

REPORT OF JOHN A. PIETROPAOLI, M.D.,
dated 6-18-75.

454

Sibert R. Douglas, M.D.
Werner Kunz, M.D.
John A. Pietropaoli, M.D.

220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607

TELEPHONE 546-2240

2700

F45-92-79

June 18, 1975

Mr. Edmund Clynes
Attorney at Law
616 Times Square Bldg.
Rochester, New York 14614

Dear Mr. Clynes:

Since our last communication, Mrs. Cervia Wiemer was admitted to Genesee Hospital on March 12, 1975. A summary of her admission is attached.

Sincerely yours,

John A. Pietropaoli

John A. Pietropaoli, M.D.

JAP/jab

Enc.

REPORT OF JOHN A. PIETROPAOLI, M.D.,
dated 4-10-76.

Sibert R. Douglass M.D.
Werner Kuni M.D.
John A. Pietropaoli M.D.
220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607
TELEPHONE 546 2240

April 10, 1976

Mr. Edmund Clynes
Attorney at Law
616 Times Square Bldg.
Rochester, NY

Re: Cervia Wiemer

Mrs. Wiemer has been under my care since September 18, 1968: She has had fractures of both legs, ankles, and wrists and has had persistent arthralgias and x-ray evidence of osteoarthritis and osteoporosis of right shoulder, humerus and cervical spine.

In addition, she has had chronic hypertension with levels as high as 180/110 to 190/105 and lately ranging from 150-160/80-90 on therapy.

She was admitted to Genesee Hospital from March 12 to March 22, 1975, for severe intestinal bleeding secondary to Ulcerative Proctocolitis which has been controlled on appropriate diet and medication.

She has suffered from acute and chronic anxiety states with insomnia and agitation.

I have been her primary physician during the past seven years.

Sincerely yours,

John A. Pietropaoli

John A. Pietropaoli, M.D.

JAP/jab

REPORT OF BENJAMIN POLLACK, M.D.

Tel. Numbers: Office 473 5830
Res. 473 5624

BENJAMIN POLLACK, M.D.
2300 ELMWOOD AVENUE
ROCHESTER, NEW YORK 14610

BENJAMIN POLLACK, M.D.
ROCHESTER, N.Y. 14620

BY APPOINTMENT ONLY

'69 MAR 20 PM 1:01

102

March 12, 1969

Joseph J. Oliva, M. D.
Chief Medical Consultant
Bureau of Disability Determinations
110 William Street
New York, New York 10038

Re: Cervia M. Wiemer
117 Dorsey Road
Rochester, N.Y. 14616

Soc. Sec. No. 118-03-2155

Dear Dr. Oliva:

This patient was seen on March 10, 1969 for psychiatric evaluation in my office. This woman had apparently stated that she could not come to the office but she called quickly for an appointment immediately after she had received the notification and she was brought to my office by her husband without any difficulty whatsoever.

She walked into the office fairly freely and displayed no difficultios in walking but later on, in the interview, she gave me complaints of many types. She is a fairly well-nourished, well-dressed woman who showed no signs of disability. She frequently laughed and joked and seemed to be at ease as she initiated much conversation. She is spontaneous, coherent and relevant. She is well oriented for time and place and she does not seem tired or fatigued and enjoys talking about herself.

She states that she has tried to work periodically but last worked at Nylomode, doing machine work on plastics, where she had worked for nine months. She remarks they had a slack period and then she worked for four weeks in between this period and then tried to go back but couldn't.

She claims that she was always an ambitious woman and it bothers her that she can't keep up with the work and her husband has to do some of her work and periodically take time off from his work. She claims that his employers are understanding people and realize that she is very sick.

She gives me a whole series of symptoms such as she can hardly sleep two hours a night and that she has had barely six hours of sleep in the last three days because she has such joint pains and swelling, she can't get up, she falls or drops things and her joints are particularly painful and swollen in her knees, her spine, the right shoulder and she has constant headaches at the back of her head. This is said with much dramatic emphasis.

She also points out that she has pain in her fingers and that these are a little better today. She has to hold up, she remarks, one arm while she shaves and this is particularly embarrassing to her as she is always a neat and fastidious person. She can't

Claimant Ex. 20 (4 pages)

103

MAR 20 PM 1:01

iron because she claims she can't hold the iron with her right hand where her pain is much worse. She has been on disability now for 26 weeks. It is noted that there is no swelling in her right hand, no sign of interference with function or sign of arthritis, deformity, swelling or joint pain. The left hand shows an injury to her second finger due to a fracture and resulting partial flexion deformity which she passes off very lightly.

She states that she would like to work and is so upset because she has not been able to be her usual ambitious self and in addition, she is anxious because she has piled up such huge bills to her pharmacist who has been so patient about supplying her with medication.

She talks freely, she does not cry, there is no agitation, no distress. As a matter of fact, she seems quite lively and jovial. She remarks that she does not cry even when things pile up but she gets tense and anxious but not particularly depressed. She normally is a neat person she claims and in the winter months or during rainy times, she suffers severely so that she has to stay in bed, sometimes a day or two, and is unable to navigate whereas with the warm weather, she may be much better and feel alright for days.

She apparently has had two children, a boy and a girl, and she had a hysterectomy in 1960. She claims that she never had problems in her life, in her marriage, she tries to go shopping with her husband and he solicitously keeps the car close to the driveway and helps her in but sometimes she cannot even get out of the car because her knees and back start up with terrific pains so she asks him to take her home.

In addition, her heart frequently starts pounding and she can't get her breath. She will walk as far as she can and then sit down. She remarks also that at times, she has pain in her chest and recently, she had three house calls by her doctor because there was so much congestion in her lungs and her chest and her mother died of pneumonia and she is afraid that she might have such complications as she had pneumonia last year.

Her usual weight is 100 to 105 and she has now gone up to 120 pounds. Repeatedly, she states how difficult it is to give up cigarettes but her doctor told her she would have to do so for her lungs and laryngitis.

She remarks that at times if she tries to walk, she falls on her knees, that her back swells and that she gets agonizing pain. She uses a heating pad or her husband puts her in hot water and massages her back and eventually she gets better.

She has been on Indocin for sometime. She stopped her Darvon because of nausea. She tried to sleep with Doriden but could only sleep two hours and the last time, she told her doctor and he gave her an injection so she could sleep. She has had no trouble with her stomach and she remarks this is so because she is a careful eater.

Her first husband died one year ago. He was an alcoholic and he choked to death. Her husband also had carcinoma of the

rectum and many things wrong with him and she had a very unhappy life with him and was divorced from him 20 years ago, because he lived with other women. She has remained in her present house and was married 15 years ago to a man who is now 65 and many years her senior. She seems happy with him as he is very helpful to her and is sympathetic to her illness.

Her blood pressure today is 150/100, is regular. There is no evidence that I could find of any particular heart disease. She shows voluntary splinting of her back and her right arm when it is in motion. She won't allow me to lift her right arm much as she claims that it will begin terrific pain. In a similar way, she adds if she bends forward that she will be in serious difficulty. However, she does go through these maneuvers and her muscles tense up but when I can distract her, she loses her splinting, both in the back and her arm.

She claims that a week before her first husband died, he came to her and asked for her forgiveness as he stated his conscience was bothering him.

This woman, although she complains of innumerable pains and disabilities, walks quite freely out of my office without any disturbance in gait or any sign of the marked disability which she claims. She is comfortable, jokes and goes up and down the stairs with only a difficulty when this is pointed out to her.

DIAGNOSIS: Conversion Hysteria.

She is considered competent.

Very truly yours,

BENJAMIN POLLACK, M. D.
QUALIFIED NEUROPSYCHIATRIST

BP:ddb

REPORT OF GEORGE J. BARON, M.D.

THE GENESEE HOSPITAL
An Athliated Hospital
of
THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY
224 Alexander Street
Rochester, New York 14607

DEPARTMENT OF RADIOLOGY

WIEMER, Cervia 367214

Dr. Pietropaoli 6/24/69

LUMBOSCRAL SPINE: There is a rather marked list to the spine to the left. The pedicles are intact.

I believe the last body visualized is a transitional 1st sacral body. The angle between this and the remainder of the sacrum appears somewhat accentuated. The significance of this must be evaluated clinically.

The actual 5th disc space seems slightly narrowed posteriorly and the others are normal. There is no degenerative change.

The sacroiliac joints are normal.

SUMMARY: There is a list to the left. The last vertebral body is transitional in type and probably a 1st sacral segment. As noted above the angle of this body to the remainder of the sacrum appears to be quite accentuated. These findings must be evaluated clinically.

LEFT KNEE: There is no fluid. Bone density is good. I see no evidence of trauma or arthritis or intrinsic bone lesion in the joint.

SUMMARY: negative.

RIGHT KNEE: Again, the bone density is good and no fluid present. Articulating margins outline smoothly and joint spaces appear normal.
SUMMARY: negative.

AP OF BOTH HANDS: I believe there may be slight peri-articular swelling about the proximal interphalangeal joints and the left 3rd proximal interphalangeal joint held in dorsum flexion. Changes are not strikingly those of rheumatoid arthritis though. One notes a sloping of the distal ends of radius and ulna toward their mid aspects, suggesting a deformity known as Madlungs deformity. This is likely the sequela of a defect in the epiphyseal development medially which causes bones to slow their growth in the medial portion.

REPORT OF GEORGE J. BARON, M.D.

SUMMARY: There are some minimal changes at the proximal interphalangeal joints not sufficient to warrant a definite diagnosis of rheumatoid arthritis. The old deformity of the wrists is bilaterally symmetrical and known as Madlungs deformity.

George J. Baron, M.D.
Radiologist

REPORT OF LORIE A. GULINO, M.D.

LORIE A. GULINO, M.D.
GEORGE TIRONE, M.D.
PHILIP G. CLARKE, M.D.

110

1295 Portland Avenue
Rochester, New York 14621

266-3242

June 24, 1969

Re: WIEMER, Cervia
No. 19116

Dear Dr. Farrokh:

EXAMINATION: Cervical spine, PA and left lateral chest, both knees, both wrists, AP pelvis and both hips.

FINDINGS: We obtained survey radiographs of all of the above areas. The views of the chest reveal clear lung fields bilaterally. The heart and other mediastinal structures are normal in appearance. The views of the pelvis and both kness find no abnormalities related to the joints or the bones visualized. The cervical spine study demonstrates minimal focal degenerative changes in the lower cervical spine manifested by small hypertrophic spur formation on the anterior aspect of the sixth cervical vertebra. The disc spaces and intervertebral foramina are adequately maintained.

Minimal bilateral opical pleural thickening is demonstrated on the AP view of the cervical spine.

The AP projection of the hands and wrists demonstrates changes in the wrists compatible with moderately advanced rheumatoid arthritis with a loss of the joint space and deformity of the medial aspects of the radius. There is also soft tissue swelling over the ulnar side of both wrists.

The only indication of rheumatoid arthritis we have in the views of the hands is the presence of early osteoporosis of the bones at the metacarpal phalangeal joints. An old flexion contracture is seen at the interphalangeal joint of the middle finger of the left hand.

IMPRESSION: Negative study of the chest, both knees and pelvis; minimal degenerative changes in the lower cervical spine; moderate changes in the wrists compatible with rheumatoid arthritis.

Thank you for sending Mrs. Wiemer to us.

Yours truly,

LAG:cz

Lorie A. Gulino, M. D.

REPORT OF JARED H. KRACKOV, M.D.

AVID
SENBERG
D.

JARED H.
KRACKOV
M.D.

1393 SOUTH AVENUE ROCHESTER, NEW YORK 14620 / TEL. 271-0966
INTERNAL MEDICINE

138

September 27, 1972

Philip R. Casesa, M.D.
Chief Medical Consultant
Bureau of Disability Determinations
110 William Street
New York, New York 10038

Re: Cervia Wiemer
Soc. Sec. #118-03-2155

Dear Doctor Casesa:

I examined Mrs. Wiemer on September 17, 1972. Her history of apparent disability since 1960 was reviewed with the patient and with the numerous documents contained in the medical exhibits folder. Briefly, she has had a syndrome of rather severe polyarthralgia since 1960 with a minimum of objective findings. She states that she is unable to use her arms and legs to any useful purpose and that she can only stand for ten minutes at a time. She claims to have difficulty in getting dressed and to be unable to put her arms over her head. She claims to be able to walk only short distances, several feet, and claims to fall all the time. Because of her falling, she apparently sustained a fracture of her right lower leg in 1971 treated by Doctor Crawford in Rochester, New York. Her actual symptoms began in 1962 but didn't cause disability until 1968. She claims to have "attacks" of arthritis in which she hurts everywhere but is unable to describe any acute swelling or joint deformities to coincide with these "attacks." There appears to be no waxing or waning of her symptoms; they're always there and always bad.

Diagnoses in the past have been both possible rheumatoid arthritis, osteo-or degenerative arthritis, and nervousness. A review of the supplied records reveals very little in the way of significant objective findings; multiple x-rays were taken in June of 1969 and included normal sacroiliac joints, negative x-rays of her left knee and right knee, and x-rays of her hands not at all diagnostic of rheumatoid arthritis but possibly suggestive of of a developmental deformity called Madlungs deformity which is of doubtful clinical significance. She also had a negative latex agglutination and normal uric acid in 1969.

EXHIBIT A.C. 3
(3/3-)

Philip R. Casesa, M.D. -2- September 27, 1972
Chief Medical Consultant Re: Cervia Wiemer

The patient currently takes Valium for her nerves, frequent Talvin for her pain, and Tandearil. She also takes Exna for her elevated blood pressure. Her past medical history includes a hysterectomy and tonsillectomy, the use of bifocal glasses, exertional dyspnea, and the occasional use of alcohol as well as one pack of cigarettes per day.

On physical examination, she is 4'11" tall and weighs 112 pounds. She was somewhat dramatic in her presentation, groaning with most movements that were required for examination; however, when she left the office, she was able to walk without any groans. Her blood pressure was 160/100 and her pulse was 80. There was no limitation of neck motion. Funduscopic examination revealed definite arteriolar narrowing and A-V nicking. A thorough examination of her joints was performed and there was questionable limitation of shoulder motion, no limitation of neck motion, no limitation of motion of any other joint and no joint deformities except for the right middle finger. The right middle finger was swollen at the PIP joint and was kept in a flexed position. There was no symmetrical swelling of any other digital joints and no Heberden's nodes; this appeared to be an isolated finding. In addition, there was no loss of muscle mass noted.

The sed rate was 5 millimeters per hour which was normal. Additional laboratory studies are pending.

In conclusion, this patient has definite hypertension with grade 2 funduscopic changes, and has a deformity of her PIP joint of her right middle finger that is isolated and suggestive of trauma. There are no objective findings suggestive of rheumatoid or degenerative arthritis.

Yours truly,

Jared H. Krackov, M.D.

JHK:jw
Encls.

lates - neg
LE prep - neg
Xray L. shoulder - normal
Xray st knee - normal

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Date: December 6, 1976

HON. A. DANIEL FUSARO, Clerk
U.S. Court of Appeals, Second Cir.
Room 1702 U.S. Court House
Foley Square
New York, N.Y. 10007

Re: Cervia M. Weimer vs. Elliot Richardson

[redacted] Docket No. 76-6144

Dear Sir:

Enclosed please find copies of the above entitled for filing as follows:

[redacted] [10] Joint Appendix

[redacted]

[redacted]

[redacted]

Very truly yours

Everett J. Rea

Everett J. Rea

cc: Richard J. Arcara
United States Attorney,
Western District of New York

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December 6, 1976

Re: Cervia M. Weimer vs. Elliot Richardson

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EVERETT J. REA,
Being duly sworn, deposes and says: That he is associated with Spaulding Law Printing Co. of Syracuse, New York, and is over twenty-one years of age.

That at the request of **Richard J. Arcara, United States Attorney,**

Attorney(x) for **Appellee,**

(x)he personally served three (3) copies of the printed ☐ Record ☐ Brief ☒ Joint Appendix of the above entitled case addressed to:

EDMUND CLYNES, ESQ.
Attorney At Law
45 Exchange Street
Rochester, N.Y. 14614

☐ By depositing true copies of the same securely wrapped in a postpaid wrapper in a Post Office maintained by the United States Government in the City of Syracuse, New York.

☒ By hand delivery **by Daily Record Corp., on 12-7-76.**

Everett J. Rea
EVERETT J. REA

Sworn to before me this 6th day of **December, 1976.**

Donald C. Quinn
~~Notary Public~~
Commissioner of Deeds

cc: Richard J. Arcara
United States Attorney,
Western District of New York

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

BUREAU OF
HEARINGS AND APPEALS

February 11, 1970

REFER TO: HA:C
110-03-2155

ACTION OF APPEALS COUNCIL ON REQUEST FOR REVIEW

Mrs. Cervia M. Wiemer
417 Dorsey Road
Rochester, New York 14616

Dear Mrs. Wiemer:

Your request for review of the hearing examiner's decision has been carefully considered by the Appeals Council. The Council's consideration of your request has included all the evidence in your case, the law and regulations applicable to your claim, the hearing examiner's evaluation of the facts and the reasoning in his decision, and your reasons for believing your claim should be allowed.

The Appeals Council has concluded that the decision of the hearing examiner is correct. Further action by the Council would not, therefore, result in any change which would be of advantage to you. Accordingly, the hearing examiner's decision stands as the final decision of the Secretary in your case.

If you desire a review of the hearing examiner's decision by a court, you may commence a civil action in the district court of the United States in the judicial district in which you reside within sixty (60) days from this date. See section 205(g) of the Social Security Act, as amended (section 405(g), Title 42, United States Code). If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant.

Sincerely yours,

John T. Allen
Member, Appeals Council

Carl Monk
Member, Appeals Council

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION 4

Take or mail original and all copies to the District Office, Social Security Administration

CLAIMANT'S NAME	CLAIM FOR
Cervia L. Wiemer	[X] Entitlement to Disability Benefits (97)
WAGE EARNER'S NAME	[ ] Continuance of Disability Benefits (98)
Cervia M. Wiemer	[ ] Other
SOCIAL SECURITY ACCOUNT NUMBER	(Specify type claim)
118-03-2155	

I disagree with the hearing examiner's action on the above claim and request that the Appeals Council, Bureau of Hearings and Appeals, review it. My reasons for disagreement are:

I cannot work as I have Marfands Disease, which will only get worse. Regardless of decision in the past I am unable to do any kind of work.

Attach to this form, or forward within 10 days to the Appeals Council at the address shown below, any evidence or supplemental statement you wish to submit.

I understand the Appeals Council may deny my request for review, but if it grants the request:

I [X] wish [X] do not wish to appear before the Appeals Council in Washington, D.C. at my own expense.

I [X] wish [X] do not wish to file a brief or further written statement.

Signed by: (Either the claimant or representative should sign - Enter addresses for both)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE	CLAIMANT'S SIGNATURE
	Cervia M Wiemer
STREET ADDRESS	STREET ADDRESS
	117 Dorsey Road
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE
	Rochester, NY 14616
TELEPHONE NUMBER / DATE:	TELEPHONE NUMBER
	663-8714

Claimant should not fill in below this line

Is this request filed within 60 days of the hearing examiner's action? [X] Yes [ ] No

If "No" is checked: (1) attach claimant's explanation for delay; (2) attach any pertinent letter, material or information in the district office.

ACKNOWLEDGMENT OF REQUEST FOR REVIEW OF HEARING EXAMINER'S ACTION

Request for Review of Hearing Examiner's Action in this case was filed on the date shown and at the place indicated.

The APPEALS COUNCIL will notify you of its action on your request.

Date request for review was filed
1/20/70

Place where request for review was filed
Rochester NY 14604

For the Social Security Administration

BY (Signature)
K Spadoni

(Title)
CR

(Street Address)
107 Clinton Ave N.

(City) (State) (ZIP Code)
Rochester NY 14604

Appeals Council
Bureau of Hearings and Appeals, SSA
P.O. Box 2518
Washington, D.C. 20013

Form HA-520 (12-67) APPEALS COUNCIL

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

NOTICE OF DECISION

PLEASE READ CAREFULLY

If you disagree, in whole or in part, with the enclosed decision of the hearing examiner, you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date shown below.

You, or your representative, may file the request for review at the nearest office of the Social Security Administration, or you may file the request for review with the hearing examiner, or with the Appeals Council.

Unless you file a timely request for review by the Appeals Council, you may not obtain a court review of your case under sections 205 (g) and 1869 (b) of the Social Security Act.

This notice and enclosed copy of hearing examiner's decision mailed to the claimant on

December 10, 1969

Form HA-502-3
(6-69)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

HEARING EXAMINER'S DECISION

In the case of	Claim for
Cervia M. Wiemer (Claimant)	Period of Disability and Disability Insurance Benefits
(Wage Earner) (Leave blank if same as above)	118-03-2155 (Social Security Account Number)

This case is before the Hearing Examiner on a request for hearing filed by the claimant, Cervia M. Wiemer, who is dissatisfied with determinations of the Social Security Administration denying the application for disability insurance benefits under the Social Security Act, as amended, (hereafter called the Act) filed by the claimant, December 2, 1968. Hearing was held before the undersigned Hearing Examiner in Rochester, New York, October 31, 1969. The claimant and her husband were present and participated throughout the hearing.

The application states that claimant was last able to work in June 1967 because of Osteoarthritis plus complications. She was last regularly employed as a machine operator. She meets the earnings requirements of the Act through March 31, 1971.

The claimant previously applied for disability insurance benefits November 22, 1965 (Ex 1). This application was denied on initial determination December 17, 1965. The claimant took no further action on that application, but instead returned to work for the next 2 years, until leaving her job at Nylomold Corporation in June 1967. The claimant no longer asserts the right to disability insurance benefits based on the application of November 1965 and that application is not before the Hearing Examiner for decision.

STATEMENT OF LAW AND ISSUES

The general issues before the Hearing Examiner are whether the claimant is entitled to a period of disability and to disability insurance benefits under section 216(i) and 223, respectively, of the Act.

TRANSCRIPT

76-6144

IN THE

United States Court of Appeals

FOR THE SECOND CIRCUIT

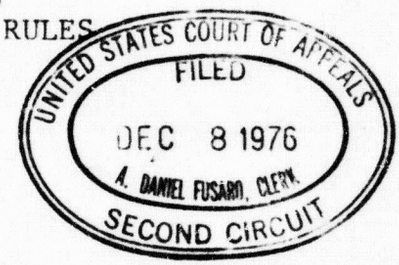
B

CERVIA M. WEIMER,
Plaintiff-Appellant,

vs.

ELLIOT RICHARDSON, Secretary of Health,
Education and Welfare,
Defendant-Appellee.

TRANSCRIPT OF ADMINISTRATIVE
HEARINGS FILED PURSUANT TO
RULE 30(e) OF THE FEDERAL RULES
OF APPELLATE PROCEDURE.



RICHARD J. ARCARA
United States Attorney
for the Western District
of New York
233 U.S. Courthouse
Rochester, N.Y. 14614

GERALD J. HOULIHAN
Assistant United States Attorney
Of Counsel

Cervia M. Wiemer, Cl. 6 W/E
A/N 118-03-2155

COURT TRANSCRIPT INDEX

	Page No.
Exhibit List (Index to individual exhibits)	1 - 2
Appeals Council Action on Request for Review	3
Request for Review of Hearing Examiner's Decision-	4
Hearing Examiner's Decision	5 - 13
Correspondence	14
Notice of Hearing	15 - 16
Request for Hearing	17
Transcript of Oral Hearing	18 - 44
Exhibits	45 - 121

Cervia M. Wiemer, Claimant & Wage Earner
Social Security A/N 118-03-2155

E X H I B I T S

Exhibit No.		Court Transcript No. of Pages	Page No.
1	Application for Disability Insurance Benefits filed by Claimant 11/22/65	4	45-48
1-A	Notice of Determination dated 12/17/65	1	49
2	Application for Disability Insurance Benefits filed by Claimant 12/2/68	4	50-53
3	Disability Determination dated 4/7/69	2	54-55
4	Notice of Determination dated 4/11/69	1	56-57
5	Request for Reconsideration filed by Claimant 4/30/69	1	58
6	Disability Determination dated 5/22/69	2	59-60
7	Notice of Reconsideration Determination dated 6/5/68	2	61-62
8	Applications for Social Security Account Number and Changes in Records	2	63-64
9	Earnings Record - Recertified 1/16/69 & Earnings Information	2	65-67
10	Report of Disability Interview dated 11/22/65	4	68-71
11	Report of Disability Interview dated 12/2/68	4	72-75
12	Work Activity Report dated 12/2/68	4	76-78
13	Statement of Employer, Graflex Inc., dated 1/6/69 and Employer, Mylo Mold Corp., dated 1/10/69	2	79-82
14	Report of Continuing Disability dated 4/30/69	2	83-84
15	Letter by Claimant Received at Rochester, N.Y., Office of Social Security 7/1/69	3	85-87
16	Letter by Claimant to Bureau of Disability Insurance, Baltimore, Md., dated 8/18/69	2	88-89
17	Medical Report by Joseph Karp, M.D., dated 12/1/65	4	90-93
18	Medical Report by Robert C. McVeigh, M.D. dated 12/13/65	4	94-97
19	Medical Report by A. Farrokh, M.D., dated 1/19/69	4	98-101

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Cervia M. Wiemer
A/N 118-03-2155

2

E X H I B I T S
CONT'D

Exhibit No.		Court Transcript No. of Pages	Page No.
20	Medical Report by Benjamin Pollack, M.D., dated 3/12/69	4	102-105
21	Medical Report by A. Farrokh, M.D., dated 5/6/69	3	106-108
22	X-ray Reports by George J. Baron, M.D., The Genesee Hospital, Rochester, N.Y., dated 6/24/69	1	109
23	X-ray Reports by Lorie A. Gulino, M.D., dated 6/24/69	1	110-111
24	X-ray and Laboratory Reports by John A. Pietropaoli, M.D., dated 6/27/69	1	112
25	Professional Qualifications of Doctors: Joseph Karp, Benjamin Pollack Robert C. McVeigh, Lorie Gulino Arlinaghi Farrokh, John A. Pietropaoli	6	113-118
	RECEIVED DURING HEARING:		
26	Claimant's Earnings Information	1	119
	RECEIVED SUBSEQUENT TO HEARING:		
27	Medical Report by Ralph W. Prince, M.D., dated 10/10/67	2	120-121

Section 223(d)(1) of the Act defines "disability" as the "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

Section 223(d)(2)(A) further provides that an individual shall be determined to be under a disability only if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any other kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work. For purposes of the preceding sentence (with respect to any individual) "work which exists in the national economy" means work which exists in significant numbers either in the region where such individual lives or in several regions of the country.

Section 223(d)(3) then states that a "physical or mental impairment" is an impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

The specific issues are whether the claimant was under a disability as defined in the Act and, if so, when such disability commenced and the duration thereof; whether the special earnings requirements of the Act are met for the purpose of entitlement; and whether the application was timely filed.

The claimant's earnings record shows that the special earnings requirements of the Act were met from a time prior to June 1967, when the claimant allegedly became disabled, and that those requirements continue to be met thereafter through March 31, 1971. Therefore, in order to be entitled to a period of disability or to disability insurance benefits, it is necessary that the evidence establish disability commencing not later than March 31, 1971. Except as further provided in section 216(i)(2)(F), the application cannot have been filed more than 12 months after the month in which a period of disability has ended.

ORAL TESTIMONY

At the hearing the claimant and her husband confirmed the basic data appearing in evidence. The claimant was born May 30, 1916 in Rochester, New York, and attended school through the 11th grade. She and Mr. Wiemer were married July 28, 1954. There are no children of this marriage.

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The claimant has had a varied work experience. Much of the time was spent as a domestic, either in private houses or on reference from SPCC, where she would be sent to one home or another to take charge of the house and the children for periods of time. More recently, she has had a variety of jobs. One type of job requires her to sort or pack articles by particular designation. For example at Grants, she worked in the stock room marking items that would then go out onto the floor. At the Hicox plant she did seated seasonal work, putting buckles on belts and then boxing the belt in accordance with the correct designation of style, size and initial. As the season was ending for this work, she got what she thought would be a better job at Craflex Inc., assembling photographic equipment with hand tools. However, she found she was dealing with articles too heavy for her to handle and she transferred to her final job at Nylomold Corporation, where she was a machine operator tending an extruded plastic machine. The claimant's job was to take out the manufactured plastic item, which came in groups of four. She would then cleanly cut each item from the core, which held the four parts together. She would throw each part into a basket and wait for the machine to produce the next batch. At the hearing she told of leaving this job in the summer of 1967, after being examined by a doctor for the company's insurance carrier, whose report appears to have qualified her for 26 weeks of disability under the company policy. The doctor was identified as Ralph W. Prince. His report was sent for and will be summarized at the end of the medical evidence.

The claimant described her symptoms at the hearing substantially as follows: She cannot sit or stand in any one position for very long. She has gone from one doctor to another, but they do not give her much help. It is expensive to pay for house calls, and she cannot afford this unless she gets some benefit. She has trouble with her hands and she has to walk slowly, supporting herself across the room by holding on to furniture. Recently she has found a Madlung's condition in her arms, which affects two of the bones. She has pains in her back, shoulder, arms, hands and legs. She has frequently had to have treatment by the doctors because of flu and colds. She reported to Dr. Pietropaoli (Ex 24), that she had previously had fractures of both ankles, legs and wrists. She does not mean fracture in the technical sense. What she is referring to is this. She underwent a hysterectomy in 1960 and remembers that at that time one of her legs had given way and had been put in a cast, and the cast caused problems for the doctors who had to perform the hysterectomy.

The claimant hoped that Dr. Prince's report would shed some light on her orthopedic condition. In any event she had just seen Dr. Farrokh again and says that he tells her she cannot possibly work again. She will just have to live with her condition.

Mr. Wiemer confirmed his wife's testimony and added that he has not permitted her to keep on with some of the jobs she has been hired for. Some involved night work and others were in parts of the town where he did not feel comfortable having his wife spend so much time.

MEDICAL EVIDENCE

The claimant was seen during the early months of 1965 by Joseph Karp, M.D., a general practitioner who trained at University of Nashville, Medical Department. He diagnosed pulmonary emphysema, frequent colds, pollinosis, osteoarthritis and nervousness. The clinical and diagnostic details of his examinations are reported, including chest X-ray, complete blood count, urinalysis, blood pressure and clinical examination. On the basis of all of these findings he prescribed iron and advised the claimant to begin the work effort which carried her through the next several years.

The claimant was next seen by Robert C. McVeigh, M.D., a general practitioner, who has specialized in internal medicine since graduation from Stritch School of Medicine of Loyola University. Dr. McVeigh's report (Ex 18), shows a complete physical examination the end of August 1965. The examination was within normal limits, except for blood pressure of 170/90-100 and tenderness over the right sub-deltoid area. Previous X-ray reports were examined and an initial diagnoses were made of anxiety state, right sub-deltoid tendonitis, mild essential hypertension and pulmonary emphysema by X-ray. Medication like Butazolidine and Valium were discussed and the claimant was put on Indocin. Dr. McVeight doubted that the claimant could perform work as a homemaker based on her complaints, but then states:

> She is physically capable of doing some type of work, but emotionally she may be unable to adapt to any new position.

Medical evidence then moves to December 1968 when the claimant was seen for the first time by A. Farrokh, M.D., a doctor who has practised in the field of internal medicine and cardiovascular diseases and who trained at Faculty of Medicine, University of Teheran. The doctor reports seeing the claimant in her house on three occasions. She refused to come to the office for a thorough physical examination. All physical findings were non specific. Blood pressure was 160/80. He found "no deformity of joints, muscle atrophy or neurological abnormalities to substantiate the patient's subjective complaints." His diagnoses include osteoarthritis, degenerative, a few episodes of common cold and flu, anxiety and neurosis.

In March 1969, the claimant was seen at the request of the New York State Agency for an impartial psychiatric evaluation. A detailed history is given which is consistent with information reported in

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this decision, including symptoms of inability to walk without support from other people or from furniture. Dr. Pollack concludes his report (Ex 20) in pertinent part as follows:

> She shows voluntary splinting of her back and her right arm when it is in motion. She won't allow me to lift her right arm much as she claims that it will begin terrific pain. In a similar way, she adds if she bends forward that she will be in serious difficulty. However, she does go through these maneuvers and her muscles tense up but when I can distract her, she loses her splinting, both in the back and her arm.
>
> This woman, although she complains of innumerable pains and disabilities, walks quite freely out of my office without any disturbance in gait or any sign of the marked disability which she claims. She is comfortable, jokes and goes up and down the stairs with only a difficulty when this is pointed out to her.
>
> DIAGNOSIS: Conversion Hysteria.

The record also shows a report by John A. Pietropaoli, M.D. (Ex 24). The doctor had the benefit of X-rays taken at the Genesee Hospital (Ex 22). These showed the lumbosacral spine with no degenerative change and normal sacroiliac joints, with details as noted. Both these are negative. The hands showed minimal changes at the proximal IP joints, "not sufficient to warrant a definite diagnosis of rheumatoid arthritis." There was an old deformity of the wrists bilaterally known as Madlung's deformity, in which specific bones were slowed in their original growth in the medial portion. Another report made the same day to Dr. Farrokh (Ex 23), contained a negative study of the chest, knees and pelvis. There were minimal degenerative changes of the cervical spine and moderate changes in the wrists, which produced the only indication of rheumatoid arthritis. Dr. Pietropaoli added five normal or negative laboratory test results and gave diagnoses of degenerative osteoarthritis, hypertension and the history of fractures of the ankles, legs and wrists testified to by the claimant at the hearing.

Dr. Prince's report (Ex 27) covers an examination October 6, 1967 on behalf of the employer's insurance company. The claimant reported that she had been ill since July 1967, because of increasingly severe arthritis which had been coming on for some months. She complained of her right shoulder, low back, both knees and the joints of her right hand. History showed a hysterectomy five years previously and a current report of increasing hot flushes. A complete physical examination was made which produced normal or negative findings for the most part. Dr. Prince found that the proximal joints of the first, second and third fingers of the right hand were

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tender and slightly swollen with slightly increased warmth and a poor grip. There was also increased heat and swelling on the right shoulder with limitation and pain on elevation beyond 45°, and there was spasm in the lumbar musculature. He reported to the insurance carrier that the claimant was "totally disabled at this time" for her job as a plastic machine operator. This was due to her arthritis. He says "it is difficult to classify this without further laboratory studies, but is a probably a (sic) mixed type or low-grade rheumatoid....It is not possible at this time to predict her expected period of disability, but in my opinion it will probably be prolonged."

EVALUATION OF EVIDENCE

The claimant in this case is a 53 year old woman with education through the junior year in high school. She has done domestic service for sometime in the past, but more recently has worked in factories making up items to go from the stock room to the floor, packaging belts and buckles, and doing assembly work. At the time she last worked she was operating an extrusion plastic machine.

The claimant has reported a number of symptoms both before and after she stopped working in June 1967. She reported a series of frequent colds as early as 1965, an an X-ray was interpreted as showing a tendency toward pulmonary emphysema at that time. However, there has been no later pulmonary development and the Hearing Examiner does not find that the claimant has emphysema.

There are also reports of arthritis. Dr. Karp described it as osteoarthritis in 1965 and this diagnosis was continued by Dr. Farrokh in 1969. However, at that late date the doctor found no deformity of joints, muscle atrophy or neurological abnormalities, which if present would tend to show that the arthritis was severe. A second arthritic condition appears in Dr. Prince's examination of October 1967. He found tenderness and slight swelling and slight warmth in certain proximal joints and in the right shoulder and because of those conditions and the lumbar spasm, felt she could not continue to operate the plastic extrusion machine and considered the arthritis "probably a ...low-grade rheumatoid." A somewhat similar finding was made on an X-ray in June 1969, when Dr. Culino reported "moderate changes in the wrists compatabile with rheumatoid arthritis." This condition was examined the same day at the Conesee Hospital where a more definitive opinion was reached (Ex 22). The wrist changes were found to be "not strikingly those of rheumatoid arthritis", but rather a congenital condition known as Madlungs deformity in which the arm bones ending at the wrist present the observed condition. This was congenital with the claimant. There were "minimal changes at the proximal interphalangeal joints not sufficient to warrant a definite diagnosis of rheumatoid arthritis." This latter conclusion is accepted by the Hearing Examiner. Dr. Prince had found

a condition flaring up in October 1967, which he diagnosed as probably rheumatoid arthritis, although he would have preferred to have laboratory and test material to aid him. He expected that the condition would incapacitate the claimant for a substantial period of time and presumably would progress. However, the actual medical reports through June 1969 show that the condition did not progress and in fact was deemed not sufficient to warrant a definite diagnosis of rheumatoid arthritis even then. For all of these reasons the Hearing Examiner concludes that the claimant has early and minimal symptoms pointing toward arthritic involvement. This involvement has not however been of sufficient severity to prevent the claimant from engaging in her customary activities or returning to one of the jobs which she has recently held. Specifically it is found that her pulmonary and arthritic conditions combined have not been so severe for any demonstrated period of 12 months, as to prevent the claimant from working as a boxer of belts and buckles, as a stockroom worker preparing items for a factory floor or as an assembler working on light articles.

The claimant has two other conditions. One has been variously diagnosed as nervousness, anxiety neurosis.conversion hysteria. The most authoratative and persuasive appraisal came from Dr. Pollack, a neuropsychiatrist, whose impartial report (Ex 20) concludes that the condition should be described as a conversion hysteria which did not render the claimant incompetent.

The second and last remaining condition relates to the peculiar gait which the claimant demonstrates. She walks across the room with the portion of her body from the hips up appearing to be swivelling beyond the control of her legs. She helps herself by extending an arm and resting it on the furniture as she passes. She demonstrated this gait in the court room in which the hearing was held, and there are references to a similar series of motions in the medical record. The claimant asserted that her unsteadiness stemmed from early fractures of both ankles and knees and she asserted that one leg was in a full length cast at the time of her hysterectomy around 1960. No medical corroboration has been received for any of these assertions and in fact the 1969 X-rays prove that no fractures ever existed as reported by the claimant. The matter was finally explained by Dr. Pollack, who found that the claimant was voluntarily splinting her back and her arm. He thus describes her as holding her back and arm in a position as rigid as if it were in a splint. This causes the unnatural gait. The gait disappears as soon as the claimant is distracted. After which he reports that she "walks quite freely out of my office without any disturbance in gait or any sign of the marked disability which she claims." The Hearing Examiner accepts this appraisal and finds that the claimant's apparent difficulty in gait and apparent

instability is not an impairment at all, but is a posture voluntarily assumed by the claimant.

HEARING EXAMINER'S FINDINGS AND RULINGS

The Hearing Examiner has considered all the evidence of record in this case, and, in addition to findings and rulings made heretofore in this decision, makes the following express findings and rulings.

1. The claimant's impairment consists of a combination of moderate to mild pulmonary conditions, arthritic symptoms, nervousness variously described and status post hysterectomy.

2. These conditions taken singly and in combination have never been so severe for any period of 12 consecutive months, as to prevent the claimant from returning to one or another of the jobs which she has held in the recent past.

3. The claimant's recital of subjective complaints is found to be substantially exaggerated and not credible as a literal description of symptoms.

4. The evidence fails to establish that the claimant's impairments prevented the claimant from engaging in substantial gainful activity for any continuous period, prior to the date of this decision, which has lasted or can be expected to last at least 12 months.

5. The claimant was not under a disability as defined in the Act at any time up to and including the date of this decision.

DECISION

It is the decision of the Hearing Examiner that the claimant is not entitled to a period of disability or to disability insurance benefits under the provisions of sections 216(i) and 223, respectively of the Act.

Laurence M. Ring, Hearing Examiner
Room E-130, John F. Kennedy Federal Bldg
Boston, Massachusetts 02203

DATE: December 10, 1969

Cervia Marie Wiemer
117 Dorsey Road
Rochester, New York 14616

OCT 22 1969
RECEIVED
BUREAU OF HEARINGS
& APPEALS
HEARING EXAMINER
REGION I

Dear Mr King

I have mislaid the
letter you wrote to me
in regard to ~~to~~ place
and time of my hearing.
Would you be so kind
as to send me the in-
formation I need, again.

Sincerely yours,
Cervia M Wiemer

10/23/69 A.M.

2nd Notice of Hearing
mailed to d.

10/31/69 Tel. Call to 663-8714 - No Such Number
Called info - unlisted tel. No

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

NOTICE OF HEARING

15

In the case of

Cervia M. Wiemer
(Claimant - Wage Earner)

118-03-2155
(Social Security Account Number)

Claim For

Period of Disability and

Disability Insurance Benefits

TO: Mrs. Cervia M. Wiemer
117 Dorsey Road
Rochester, N.Y. 14616

Pursuant to your written request and provisions of section 205(b) of the Social Security Act, a hearing will be held by the undersigned, a Hearing Examiner of the Bureau of Hearings and Appeals, on the Thirty-First day of October 1969 at 9:00 o'clock in Room 25 of Hall of Justice Building, Civic Center Plaza (Number and Street), Rochester (City), New York (State).

The general issues to be determined are whether you are entitled to a period of disability under section 216(i) and to disability insurance benefits under section 223(a).

The specific issues to be decided are: (1) Whether you have the required insured status under the law; and if so, as of what date(s); (2) The nature and extent of your impairments; (3) Whether your impairment has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death; (4) Your ability to engage in substantial gainful activity since your impairment began; (5) When your disability, if any, began.

This hearing involves your application(s) filed on December 2, 1968. (Date)

You should be prepared to prove that you were under a disability on or before October 31, 1969 (Date).

It may be to your interest to have your physicians appear at the hearing to testify on your behalf. Be prepared to furnish: your entire work history, including names of employers, dates of employment and a description of duties performed; schools and training; names of physicians who have examined or treated you; and periods of hospitalization with names of hospitals.

REMARKS:

IMPORTANT--Please sign and return at once the enclosed postal card notifying me whether you will be present at the above time and place. No postage is required on this card.

Hearing Examiner	Mail Address
Laurence M. Ring	Rm. E-130, John F. Kennedy Federal Bldg.
Date: October 2, 1969	Telephone Number: 617-223-6803
	Boston, Massachusetts 02203

cc: Representative (Name and Address)

District Office (Address)
107 Clinton Ave. N., Rochester, N.Y., 14604

Enclosure
READ THE OTHER SIDE OF THIS NOTICE FOR FURTHER INFORMATION REGARDING YOUR HEARING.

FORM HA-507.1A (5-69) HEARING FILE (Over)

IMPORTANT INFORMATION

What is Meant by "Disability"

To be found under a "disability", an individual must be unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment which has lasted or can be expected to last for a continuous period of at least 12 months, or can be expected to result in death. The impairment must be so severe as to prevent the individual from engaging not only in his usual work, but, considering his age, education, previous training and work experience, in any other kind of substantial gainful work which exists in significant numbers either in the region in which he lives or in several regions of the country.

Appearance at Hearing

The date and time of this hearing have been set aside especially for you. Your failure to appear without good reason may cause dismissal of your Request for Hearing. Even though there is good reason, any postponement will delay disposition of your case. If an emergency arises preventing your appearance after you mail the postal card stating that you will be present, notify the Hearing Examiner promptly and give your reasons. Also advise the Hearing Examiner of the earliest date after which he can reschedule your case for hearing.

What You Should Do

The law places on you the burden of submitting evidence to support your claim. You must show the severity of your impairment by available medical evidence, and where necessary by appropriate medical tests. Bring to the hearing all medical and other evidence not already presented in your case: (1) A report from each doctor who has examined or treated you; (2) The results of laboratory tests and clinical findings; (3) Copies of medical evidence submitted to insurance companies, the State Compensation Commission; (4) Hospital records. If you find it impossible to obtain these latter records, notify the Hearing Examiner promptly before the day of the hearing. The Hearing Examiner may ask you to undergo a medical examination which will be performed at no expense to you.

The Hearing Examiner will question you about the types and dates of your past employment, earnings, schools you attended, special training and present daily activities. You should be prepared to give such information at the hearing.

Conduct of Hearing

You will have an opportunity to examine the documentary evidence on the day of the hearing. If you wish to examine it before the day of the hearing you may do so at the Hearing Examiner's office.

At the hearing the Hearing Examiner will inquire fully into the matters at issue. You may present evidence either in the form of written documents or the testimony of witnesses, or both. You may bring your own physicians or other witnesses to testify on your behalf. If necessary, the Hearing Examiner may ask the doctor who examined you appear, and may bring in a medical or vocational expert to testify. Your testimony and that of any witnesses will be under oath or affirmation, and a verbatim record of the proceedings will be made. You may suggest findings of fact or conclusions of law and present arguments orally or in writing.

Representation

While it is not required, you may be represented at the hearing by an attorney or other qualified person of your choice, if you desire assistance in presenting your case. Any fee which your representative wishes to charge for his services in your case must be approved by the Bureau of Hearings and Appeals. Your representative must petition for fee approval at the conclusion of his services, and furnish you with a copy of his petition.

If your are found entitled to benefits and your representative is an attorney, 25 percent of your back benefits will normally be withheld for payment to your attorney upon approval of his fee. If the approved fee is less than the 25 percent withheld, the difference will be paid directly to your If the approved fee is more than 25 percent, payment of the difference is a matter to be settled between you and your attorney.

If your representative is not an attorney, none of your benefits will be withheld; and payment of the fee which is approved is a matter to be settled between you and him.

If you have any other questions, your local Social Security office will be glad to help you.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

REQUEST FOR HEARING

17

Take or mail original and all copies to the District Office, Social Security Administration

CLAIMANT'S NAME
Cerrina Wiemer

WAGE EARNER'S NAME

SOCIAL SECURITY ACCOUNT NUMBER
118-03-2155

CLAIM FOR
- [X] Entitlement to Disability Benefits (97)
- [ ] Continuance of Disability Benefits (98)
- [ ] Other (Specify type claim)

I disagree with the determination made on the above claim and request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. My reasons for disagreement are:

unemployable. I can't even do my housework, my hands are stiff, painful & swollen to the point that I can't even feel my pain at times

Check one of the following:
- [x] I have additional evidence to submit. (Attach such evidence to this form or forward to the District Office within 10 days)
- [ ] I have no additional evidence to submit.

Check ONLY ONE of the statements below.
- [x] I wish to appear in person before the hearing examiner.
- [ ] I waive my right to appear and give evidence, and hereby request a decision on the evidence before the hearing examiner.

Signed by: (Either the claimant or representative should sign - Enter addresses for both. If claimant's representative is not an attorney, complete Form HA-512)

SIGNATURE OR NAME OF CLAIMANT'S REPRESENTATIVE	CLAIMANT'S SIGNATURE
	✓ Cerrina M Wiemer
ADDRESS	ADDRESS: 117 Dorsey Rd.
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE: Rochester N.Y. 14616
TELEPHONE NUMBER	DATE: ✓ (Claimant should not fill in below this line) / TELEPHONE NUMBER: 663-8714

If this request filed within 6 months of the reconsideration determination? [x] Yes [ ] No
If "No" is checked: (1) attach claimant's explanation for delay, (2) attach any pertinent letter, material, or information in the District Office.

ACKNOWLEDGMENT OF REQUEST FOR HEARING

Your request for a hearing was filed on 7/1/69 at _____

The hearing examiner will notify you of the time and place of the hearing at least 10 days prior to the date which will be set for the hearing.

For the Social Security Administration

By: k spadoni CR
(Signature) (Title)

107 Clinton Ave N.
(Street Address)

Rochester N.Y. 14604
(City) (State) (ZIP Code)

Servicing District Office Code 108

Hearing Examiner Copy
- TO: [x] Hearing Examiner Buffalo. (Location)

Claim File Copy
- TO: [x] Hearing Examiner - Disability file in BDI TTaint 7/1/69 TELETYPE BDI, BALTIMORE, MD.
- [ ] Payment Center _____ (Location)
- [ ] BHI _____ (Location)
- [ ] DFC (BRSI) [ ] CWAB (BDPA)

Interpreter Needed _____ (Language)

HEARING EXAMINER

Form HA 501
(12-67)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

TRANSCRIPT

In the case of	Claim for
Cervia M. Wiemer (Claimant)	Period of Disability and Disability Insurance Benefits
Cervia M. Wiemer (Wage Earner)	118-03-2155 (Social Security Account Number)

Hearing Held

at

Hall of Justice, Civic Center Plaza
Rochester, New York

on

October 31, 1969

APPEARANCES:

Cervia M. Wiemer, Claimant
Bernard A. Wiemer, Witness

1. LAURENCE M. RING
Hearing Examiner

CLARE E. GROTLISCH
Hearing Assistant

INDEX OF TRANSCRIPT

In the case of — Account Number

Cervia M. Wiemer, Claimant

Cervia M. Wiemer, Wage Earner — 118-03-2155

Examination of Mrs. Wiemer by Hearing Examiner Ring.....Commencing p. 6

Examination of Mr. Bernard A. Wiemer by Hearing Examiner Ring " " 19

Re-examination of Mrs. Wiemer by Hearing Examiner Ring..... " " 24

(The following is a transcript of the hearing held before Laurence M. Ring, a Hearing Examiner of the Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare on October 31, 1969, at Rochester, New York, in the case of Cervia M. Wiemer, claimant and wage earner, social security account number 118-03-2155. The claimant, Cervia M. Wiemer and her husband, Bernard A. Wiemer, appeared in person and testified.)

(The hearing commenced at 9:30 a.m., on October 31, 1969.)

OPENING STATEMENT BY HEARING EXAMINER:

HEARING EXAMINER: Mrs. Wiemer, I want to explain what we do at these hearings and what the issue is that we have to decide. The hearings themselves are just as informal as we can make them, consistent with keeping a clear record. A Hearing Examiner is charged with the duty of getting all of the evidence that applies to a case. Not just evidence for the government, because there are no parties here. He is just making a complete record. If there is evidence that he can get for the claimant, he has to get it. When he has all the pertinent evidence, he writes the decision which summarizes that evidence and comes to a conclusion about disability. He signs it and he mails it to the claimant. This should come along sometime in the course of the month of November that we are just coming to. In reaching a decision the Hearing Examiner may only use the papers which have been shown to the claimant as you have been shown the 25 documents that we have collected in your case.

If there is no objection I will have the record show those documents introduced in evidence now. Is that agreeable?

CLAIMANT: Yes, I had two physicals since I've seen you, and they claim that I'll never change.

HEARING EXAMINER: I can hardly hear you and I'm only one step away from you. You are saying that you had two physical examinations since - - -?

CLAIMANT: And they claim I will never change. It will only get worse.

HEARING EXAMINER: Who examined you?

CLAIMANT; Dr. Farrokh.

HEARING EXAMINER: He made two physical examinations?

CLAIMANT: One at home and one I managed to get to the office.

HEARING EXAMINER: When was that?

CLAIMANT: Just about a week ago.

HEARING EXAMINER: And did you get a report from him?

CLAIMANT: He said it wasn't necessary. He had sent it to you.

HEARING EXAMINER: And this examination showed the same thing? Is that what you are saying?

CLAIMANT: Apparently, but he said if there was anything you needed to know to call him.

HEARING EXAMINER: Let me call your attention to what is on the Notice of Hearing that you got. One heading is: What You Should Do, and it says there: "The law places on you the burden of submitting evidence to support your claim . . . Bring to the hearing all medical evidence not already presented in your case: (1) A report from each doctor who examined or treated you..."

CLAIMANT: I asked him, and he said it wasn't necessary.

HEARING EXAMINER: Then, I am going to assume that what he is saying to you and what you are telling me is that his examination did not show anything that he had not already reported. Is that the size of it?

CLAIMANT: I presume.

HEARING EXAMINER: If you feel it is different - If you feel you have new disease or some new impairment, it's hard to imagine that, but if you do, you get him to send it into me promptly.

CLAIMANT: It's impossible for me to get around.

HEARING EXAMINER: What has that got to do with asking your doctor for a report or bringing the evidence with you?

CLAIMANT: Well, I thought that might help to prove to you. I don't know what he wrote.

HEARING EXAMINER: Yes you do. You are telling me that he has now told you that the reports are the same and you have seen his reports here. Do you want to take the time to read them word for word?

CLAIMANT: No.

HEARING EXAMINER: You may read everything that is in evidence word for word. There are no secrets in this kind of a case.

CLAIMANT: No.

HEARING EXAMINER: All right, I am going to find that Dr. Farrokh has told you that he found nothing new when he saw you last week. If that is not correct you will see that he gets the correct information to me.

The law defines disability as inability to engage in any substantial gainful activity. . .

CLAIMANT: Believe me, I can't even peel a potato.

HEARING EXAMINER: I think what you want to do right now is take advantage of my being here. I am the first official that you have seen who has the whole record in your case and is going to make a decision. So, you listen as carefully as you can and see if you can help yourself this morning.

CLAIMANT: You see how my . . . I just got out of the tub to try to bring the swelling down but this one is usually up and it meets this. Now, that is not normal there.

HEARING EXAMINER: Mrs. Weimer is showing me her right hand which to me looks about like the left hand and she is saying it is not normal. Mrs. Weimer, it takes a doctor to tell me what you are pointing out. I don't have a medical background and I cannot tell. That hand looks to me as normal as mine, so I can't help you but you can help yourself if you will think a minute.

CLAIMANT: The x-rays showed it.

HEARING EXAMINER: Please stop talking, and listen. Do you understand me?

CLAIMANT: Are you bawling me out?

HEARING EXAMINER: I am because you are not helping yourself. I am trying to help you and to explain what you are here for and you are so concerned with your fingers that you are not even listening. Please try to be of some help to yourself this morning.

The issue in a disability case is a legal matter and I want to know that you know the law. The Act defines disability as inability to engage in any substantial gainful activity by reason of medically determinable impairments which at least are likely to last for 12 consecutive months. The law and the regulations go on to tell us some other things. The impairment must be one that can be shown by established medical techniques so that I must not only listen to Cervia Weimer but I must also see what her doctor will say. Then I put the two together. If there is medical evidence of an impairment that I do not have in these 25 documents, you make sure that I get it, a copy of that evidence, or you tell me where I can get it and I will procure it.

Inability to engage in any substantial gainful activity means not only the last job which an individual worked at. It means any work for which she is capable, considering her age, education, training, work experience, and it must be work which can be performed even though she had some impairment. It is the severity of the impairment that is the test that we have to look for. It doesn't matter whether your last job was open, whether they would hire you if you went back to work, or even if the kind of work you are able to do only exists in other other regions of the country. If there is work you are able to do and it exists generally in various regions of the country, the law would say that your impairment is not so severe as to constitute disability. That is the test we have to look for. For that reason, a Hearing Examiner wants to know what work a claimant has done before she became sick or had an accident, or

whatever may have happened to her. Then he has to decide on the basis of the written evidence and what the person says, whether or not she is disabled. I would like to make sure that I have your background. Please correct anything that is not the correct information as I give it to you now.

The claimant, CERVIA M. WIEMER, having been first duly sworn, testified as follows:

EXAMINATION BY HEARING EXAMINER:

Q You were born in Rochester, New York on May 30, 1916, and attended school through the eleventh grade. What high school was that?

A West High School.

Q You worked at Kresges as a salesgirl. You also did domestic work in private institutions, and in private homes. For some time you worked for SPCC in Rochester and they would send you out to homes which needed domestic help. Your very last job of that nature was a short one, taking care of a 91-year old woman, but that job proved too much for you or else the woman proved too much for you.

A She was senile.

Q Now, there were two other jobs. You were a machine operator for Nylomold, and an assembler for a short time for Graflex. Had you ever done work like that before?

A Never.

Q How did you come to get those jobs?

A I applied, and I worked-on medication.

Q I don't understand that.

A It caught up with me. I couldn't take medication.

Q How did you come to get the particular job as a machine operator at Nylomold? Was that advertised?

A Yes, and it's still advertised.

Q What job did you perform?

A Making parts for - I don't know what all they used them for, all different shapes and sizes.

Q Are these plastic articles?

A Yes.

Q What kind of a machine did you operate?

A It was just a mammoth one. I don't know what to tell you.

Q Was this injection plastics where the material comes into the machine and the machine bites it into form?

A Yes - no! A man puts a mammoth amount of plastic in the top of it, and then after a short while then it comes down and then you have to get about.

Q How do you get about?

A Well, you have to be pretty quick, good dexterity comes in there.

Q Did you have levers which you controlled?

A No, it automatically opens.

Q Then you take the item out? You have to break off the point in which the plaster came in?

A No, there were four fastened together.

Q And you take those out?

A Yes.

Q Then do you break those apart?

A No.

Q What do you do with them?

A Wear gloves, and clip them.

Q Do you have a knife to cut them with?

A No, not a knife, not a shears, but it's similar.

Q Snippers?

A Similar to that.

Q So you cut that off? What other things do you do with the article?

A Then I throw them in a box.

Q Do you have the operator use some kind of rasp to even off the point which was cut?

A No, it has to be cut right through.

Q Who packs them?

A They go the way I cut them.

Q Did you ever do packing?

A No.

Q Your job then for all the time you were at that company was to be at that machine. Could you sit there?

A No, well I did part of the time but not too often because I couldn't get the things out quick enough.

Q You could sit or stand provided you could get those items out fast enough?

A Yes.

Q What did you do as an assembler at Graflex?

A That was the worst job I ever had in my life. I had to deal with cameras and things that we were not supposed to . . . it was confidential work.

Q Well, you just tell me what I would have seen if I had seen you doing it? Were you seated at a bench?

A No, not always. No, on my feet most of the time.

Q And did the work come to you?

A We had to go to it and it was on big trucks.

Q And what,did you take it off the truck?

A Yes.

Q And put it on the bench?

A And I couldn't do it.

Q And put it on the bench in front of you?

A No.

Q What would you do when you took it off?

A There was a big,big table and you would have to work from that.

Q And what would you do when you worked?

A Part of the time there would be what you would call "seconds". They wouldn't be done right, and you would have to do them over.

Q What do you do when you would do them over? Do you fit things together with your hands?

A No.

Q Did you have tools?

A Yes.

Q What were they?

A I have to stop and think. They had all kinds of tools. They had screws. You had to put screws that were left, that the other person left. They had to come back and be taken care of.

Q You had special hand tools with which you would do work on the screws. Did you have little pliers you could work with?

A I never used them.

Q You just had a screw driver?

A That's all I ever did while I was there. I wasn't there very long, because I couldn't lift it off of the truck my back was so bad.

Q How many times did you have to reach to get it off the truck?

A There were three tiers.

Q Did you have to reach both hands up? How high did you have to reach to get them?

A Well, you're a pretty tall man.

Q Show me as you are sitting there. What would you do?

A I couldn't reach the top. I'd have to call them and they didn't like it.

Q When you got something off of the truck, then you put it down on the bench in front of you. You took the individual item out and you worked on the screws.

A Yes.

Q You are very expressive with your hands when you are showing what you have to do.

A That might be a little bit of French I have in me.

Q You have been able to raise both of your hands up there on the level of your shoulders in illustrating these things and it was quite expressive.

A Not this one.

Q You are now indicating your right hand which you have previously had raised, as I have indicated.

Have I told about all the jobs you've had now? Is there some work I do not know about?

A I have worked at St. Joseph's Villa.

Q What did you do there?

A I cooked for the nuns.

Q Was this a job you held for a long time?

A Until I went to the hospital.

Q In 1960? You had a hysterectomy at that time. Is that what you mean?

A Yes, it was at that time.

Q How long had you worked for them - years?

A No, months, maybe 7 or 8.

Q Did they report your earnings to Social Security?

A I don't know.

Q Mrs. Wiemer, your lifetime earnings add to about $10,000 from 1937, off-and-on over the next 30 years. Most years you report $500 or less. The only years where you earned over $1,000 were 1962, '63, '64 & '67. Are there earnings that are not shown here?

A Well, I earned more than that with the SPCC.

Q Don't they report your earnings?

A I don't know.

Q Did you work for them steadily?

A Yes.

Q From 1959 to about 1965?

A Yes.

Q Your husband is going to help us with your earnings record. He's been going over the figures at my request and perhaps he can give us more information about this when it comes his turn.

Now, do we have everything about your work?

A I'm trying to think of any place that I've worked. Now you've got me thinking that you may not have all the places that I worked.

Q I want to know the kind of work. Were there other kinds of work that you did?

A Only Hickox.

Q That's the buckle and belt people?

A Yes.

Q What kind of a job did you have there?

A I sat there and that was seasonal work, and I was still under the doctor's care there.

Q And what kind of work was it?

A Very fine.

Q Did you work on belts?

A Yes,and buckles.

Q What did you have to do?

A Put the buckles on the belts and write initials on the right size, whether they were boy's or men's, or whether they had some that rode the horses. They had that type of a belt.

Q That sounds like a nice job. Why---

A I loved it.

Q Why did you leave it?

A It was seasonal.

Q Did anybody work there steadily right through the year?

A I think there might be a few, very few that they keep.

Q How long ago was that?

A I left there because I knew - I worked there Tuesdays, and I knew when they started laying off, and then I went to Graflex.

Q How much did they pay you at Hickox?

A I'm trying to remember. It was $2.65.

Q They paid you $2.50 an hour or a little more?

A Yes, at least, and we had incentives. If we could make more, we would.

Q Now, let's turn to what has been bothering you. You told the doctor and you told the people at the Social Security Office and you had written letters to some of the officials. From all these sources, I understand that you have said that you cannot sit or stand in one position any length of time, and right here now.

Now, I'm going to make a suggestion. You listen to what I say, and then you correct me wherever I go wrong. And, in this way, perhaps we will get the clearest kind of record on your case.

You said that you cannot sit or stand in one position any length of time. You have gone from one doctor to another to try to get help but they don't help you very much. They charge you a lot of money for house calls and you cannot afford to keep doing that unless you get more help. You have trouble with your hands, you have to walk slowly across a room and support yourself by furniture. Recently, they found this Madelung's condition in the bones of your arms, and you have pains, probably arthritic pains in your back, your shoulder, your arms, hands, and legs, and you frequently have had to see the doctors because of flu and colds for which they have treated you. Now, how close did I come to finding out what you say about yourself?

A I think you've covered it pretty well.

Q I tried to do it exactly as you have stated it from time to time. Is there anything more or different that I should know about how you feel?

A Outside of the fact that the last physical I had, the doctor said, "You couldn't possibly work."

Q This is Dr. Farrokh?

A Yes, he said, "You'll have to live with it."

Q Let me make a note of that. There are two things from the medical report that I would like to check with you. One is something that you have said to Dr. Pollack and he reported that this way, "She has been on disability now for 26 weeks." What is that about?

A I've forgotten the date.

Q You saw him in March of this year.

A I saw him but that wasn't when I was under a disability.

Q What disability are you referring to? Is that Unemployment Compensation? Who paid you the disability? Does your husband know about that?

A Oh, yes.

Q All right, well he will tell me when he comes to testify. The other thing I want to check with you is this. These last reports from Dr. Pietropaoli. . .

A "Pizza Pie!"

Q Then I can pronounce it. They say that there is a history of fractures of both ankles, legs, and wrists. Is that what you reported to him?

A He knows about it.

Q The funny thing is this - that with his report came the x-rays taken at that time. Dr. Baron and Dr. Gulino both report they

cover your wrists and other parts where there is a history of fractures, and none of the x-rays show any of the fractures.

A No, but Genesee Hospital did.

Q When?

A Right the same day.

Q Genesee Hospital has a report (Exhibit 22) signed by Dr. Paron. That is the one that came up with the Madelung's condition, something apparently you've had all your life.

A And I never knew it.

Q This one covers both knees, both hands, and the wrists - no fractures. What do you make of the fracture thing? When did it happen?

A Well, when I had my hysterectomy I had my leg in a cast and they had a heck of a time. He said, "What are you in here for?"

Q How long did it take before they got that cast off you, sometime in 1960?

A Yes.

Q Have you ever had to have orthopedic help for your legs since then?

A Just crutches.

Q When did you get rid of them?

A I refused - I'm determined.

Q You refused to wear them, or to use them?

A Yes, they hurt my arms and I can do better by grabbing onto furniture.

Q What was the matter with your legs?

A I don't know. If I would just step on a stone it breaks. I don't know whether they call it a fracture or not.

Q You showed some trouble this morning as you walked in and tried to get on that seat that you are sitting on. In this particular room there is a rise of maybe 10 inches to get up to that seat. Is that trouble walking connected with this old 1960 condition?

A I do not know.

Q What doctor saw you in 1960 for your legs? Who put the cast on?

A A Dr. Howe and Dr. States when Dr. Howe wasn't there.

Q How long did you wear that cast?

A I'm not positive but I think it was approximately two months.

Q What happened to you which caused them to put that cast on? Did you have an accident?

A No, I was right in the kitchen and it just twisted.

Q Did you fall?

A No.

Q Something just twisted inyour leg?

A And it broke, or snapped.

Q Which leg?

A I've forgotten now. I think my right was the last one.

Q Before that, something happened to your left leg?

A Yes, simply in the same way.

Q Are you affected today by that condition?

A I definitely am.

Q And have you told that to Dr. Farrokh?

A No.

Q Have you told it to Dr. Karp?

A I didn't tell it to anybody, only doctor - oh, he died.

Q Dr. Pietropaoli?

A No, he's still alive.

Q When was the last time you saw this doctor that you are trying to think about? Was that some years ago?

A Yes.

Q Before you began to see these doctors whose names I have given?

A Well, he had been our family doctor. It seems there was always something.

Q Let me come back to one thing. The work at Nylomold - did you tell me why you left that job?

A Yes - no I didn't tell you why.

Q Well, tell me now.

A Because it was night work to begin with, and my husband didn't like it.

Q Is there something else about your condition that I don't know and which you ought to tell me.

A If there were, or was, I certainly would tell you.

Q Very well, we will take a short recess and then see what your husband can tell us. When we get through with all of the questions and answers, you let me know what you think about your case. A lawyer in summing up a case can request the judge or jury to find facts or to rule on the law, or he can just argue about how serious the case is. My job will be to listen to whatever you have to say about what you think about your case and if you have raised any point such as I have just referred to, I will deal with it in the decision.

(Recess at 10:30 a.m. The hearing is resumed at 10:45 a.m.)

MR. BERNARD A. WIEMER, having been first duly sworn, testified as follows:

EXAMINATION BY HEARING EXAMINER:

Q Mr. Wiemer, you have been looking at your wife's withholding slips and you've written down something here. Let's look at it. You have shown earnings from Graflex, Hickox, and that's that powder place over here, Bourgeois, Evening in Paris; Nylamode; and St. Joseph's. Let's call this earnings information, and we will put it in evidence as Exhibit 26. What can you tell me about some of this work and why she didn't stay at it.

A Well, Graflex, I will tell you why she didn't stay at Graflex. She was working on the area photography tables which are very big, and for a little person like that, they were too heavy to take down off the truck. It started where she got her back hurt

Q In 1967?

A In '67, that's right. And, at Hickox she was putting buckles on belts and boxing them. And here - she worked on powder and perfume, putting them in boxes.

Q Why didn't she keep on with the Hickox job?

A Well, the reason she didn't keep on with the Hickox job - she had the chance to go over to Graflex and within 3 weeks she was laid off anyway because they have their Christmas. It's a seasonal work, and at Christmas they just lay them off. Then, she went from Hickox to Nylomold which was a nice job, and it was night work, and I'd get through work and I'd have to go down and there was no way of transportation for her to go down unless I brought her down, or she would have to walk about 4 or 5 miles.

Q So you made her quit that one?

A I made her quit that one, yes.

Q What about thi urgeois job?

A Well, I wouldn't advise anybody to go up there and go to work.

Q Is it a bad section?

A It's a very bad section. Not only that but she couldn't make any money up there.

Q You have shown at the bottom of this list the earnings from the Society for Prevention of Cruelty to Children and in compiling those you showed me you took the figures from withholding slips and those slips show that social security is reported.

A That's right.

Q As far as you know, is there any employment which was not reported to social security?

A Well, I don't know whether you have Grants down there. She worked for Grants when they opened the store in Northgate.

Q When was that?

A That's quite a few years ago.

Q And what did she do there?

A She worked in the stock room marking items that had to go out onto the floor. If I go back a little further I could find those withholding slips.

Q You have been very helpful. That kind of information tells a man what this lady was able to do when she did work.

Now, you have heard her describe her physical condition. Is there something that you can add to it?

A Well, the only thing that I can add to it is, of course, living with her I can see more things than a doctor can see. She will get on her feet and then all of a sudden she will lose her balance, and it's not caused from drinking, or too many pills because I see that she doesn't get any of those pills.

Q Which pills?

A Well, she gets tranquilizers. I can't think of the name because the name isn't on the bottle, but she takes Darvon for her arthritis, and that's the only pill that I know of.

Q And you see that she doesn't take any more than the doctor prescribes?

A Yes, because I carry them in my car.

Q That's good. A person can take too much Darvon and can get to rely on it, can't they?

A That's right.

Q Do you know about that?

A I know mostly about all pills.

Q How about what she does around the house? What is she able to do? What is she not able to do?

A Well, now if it's good warm weather, she might be able to do her regular household duties. Then again, if her back legs go she's just done. I'd tell her to go out and lay down in the lounge chair.

Q Who gives her help?

A Well, I have a sister-in-law. She comes over. She lives in back of us. She'll help a little bit.

Q What does she help with?

A Well, she'll help clean the house up, or whatever she wanted to do for her when I'm not there, see?

Q Does your wife take care of her own personal needs, dressing, etc.?

A Occasionally once in a while I have to help her a little, not too much. She does it. It might take her an hour but she gets dressed.

Q Well, she does her own make-up, fixes her own hair?

A That I can't do. She has to do it.

Q Does she have any trouble doing it?

A Well, she has trouble getting her arms up over here, about this high.

Q You are indicating the top of your head.

A Yes, she has trouble pulling the arms up.

Q She fixes her hair, but with difficulty?

A That is right.

Q What can you tell me about this disability for 26 weeks?

A Well, she got hurt a little bit at Nylomode, and she went back. She didn't get anything the first time but she went back and the sickness came on to her, and that was from The Traveler's.

Q That's a company group policy which paid her for a back condition?

A Yes.

Q Did a doctor examine her for The Traveler's?

A Yes, Dr. Prince.

Q When did he do that?

A That was in 1967.

Q Do you know Dr. Prince's first name or address?

A I don't know. He's on Alexander Street, but I don't know his first name.

Q Were you with her when he examined her?

A No, I wasn't.

Q I think we should get that report and put it in evidence.

A We had an awful time trying to get Dr. Prince to bring anything up there. He says it's confidential to Traveler's Insurance.

Q Surely, but I will send for it, and with your permission, when I receive it I will be in Boston. I won't take the time to send it

up to the Social Security Office for your examination. I will simply put it in evidence. Is that agreeable, Mrs. Wiemer?

CLAIMANT: It is.

Q That's a medical examination at just about the time your wife last worked.

A Yes, that's right.

Q So, that's a significant thing. We will go get it. Is there something else now that I may have missed in this case?

A Well, the only thing that I can say is that Dr. Prince told my wife that she would never work again, that's all.

Q We will see what his report says.

A Yes.

RE-EXAMINATION OF CLAIMANT BY HEARING EXAMINER:

Q Mrs. Wiemer, what did Dr. Prince do when he examined you? What kind of an examination did he make?

A He gave me almost a thorough - he tried to put things in my hands so to squeeze them. See, you know how the flexion? He didn't have my neck the way he wanted, and my back, I couldn't get off the table without his help.

Q What was hurting you at that time?

A My whole back.

Q What you are describing sounds like a thorough orthopedic examination, and that may help us understand your case.

Now is there something you want to say to me about this case? Have we covered it all?

A I can't think of anything more.

Q Is there anything you want to say to me?

A I think you are very thorough.

Q All right, we will close the hearing at this time. I will keep the record open for Dr. Prince's report. I will probably put in also, information from the American Medical Directory about what kind of a doctor Dr. Prince is. When I get it all together, I will listen to this record. I will read the papers again, and I will come to a decision in your case. I will write it, sign it, and mail it to you.

(The hearing is closed at 11:00 a.m., on October 31, 1969, in Rochester, New York.)

HEARING EXAMINER: The record is again opened in Boston, Massachusetts, December 5, 1969, for the purpose of introducing in evidence a report by Ralph W. Prince, M.D., dated October 10, 1967, and it is Exhibit 27, and is done without profert by arrangement made with the claimant at the hearing. There being nothing further, the hearing is again closed.

C E R T I F I C A T I O N

I have read the foregoing transcript and hereby certify that it is a true and complete record of the hearing.

Clara E. Gaertisch
Hearing Assistant

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form approved
Budget Bureau No. 72-R330.6

(Do not write in this space)

ROCHESTER, N.Y.
45
NOV 22 1965
22103
SSA DISTRICT OFFICE

APPLICATION FOR DISABILITY INSURANCE BENEFITS

NOTICE.—(a) Whoever makes or causes to be made any false statement or representation of a material fact for use in determining the right to or the amount of any benefit, or in determining an individual's disability, under Title II of the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than $1,000 or 1 year's imprisonment, or both.

I am applying for a period of disability and/or any disability insurance benefits payable to me under Title II of the Social Security Act, as amended.

1. Enter Your Full Name: CERVIA M. WIEMER — ☐ Male ☒ Female — Enter Your Social Security Number: 118-03-2155

2. Enter Your Date of Birth (Show month, day, year): 5/30/16 — Enter the Name of the State or Foreign Country Where You Were Born: NY

3. Have you (or has someone on your behalf) ever before filed an application for social security benefits on your social security number or the number of some other person? *If "Yes," give the following information:* ☐ Yes ☒ No

Kind of Claim Filed	Name of Person on Whose Number Claim Filed	His (Her) Social Security Number

4. What is your disabling condition? *(describe briefly)* Arthritis, chronic bronchitis

5. Check the first block which applies to you.

(a) ☐ Confined in a medical institution other than a general hospital	(d) ☐ Confined in a chair *(Including wheel chair)*
	(e) ☐ None of the above but unable to go outside.
(b) ☐ Patient in a general hospital.	(f) ☐ Able to go outside but only with help of another person or device.
(c) ☐ Confined in bed at home.	(g) ☒ Able to go outside without help.

6. When did you become unable to work because of your disabling condition? DATE *(Month, Day, and Year)*: 3/17/65

7. Have you done any work since the date shown in question 6? ☐ Yes ☒ No

8. What kind of work have you done most in the 15 years before the date shown in question 6?

KIND OF WORK *(For example: 8th grade English teacher, paint sprayer, repairs TV sets, grocery checker, civil engineer, farmer, farm hand)*	KIND OF BUSINESS OR INDUSTRY *(For example: county junior high school, auto assembly plant, TV and radio service, retail supermarket, road construction, farm)*
Home Maker	Worked for Social Agency in homes of patients needing care.

Form OA-C16 (1-65) (OVER) EXHIBIT NO. 1 (4 pages)

9. • **Enter the names and addresses of all companies, government agencies or persons for whom you worked during the last 12 months. NOTE: If you worked in self-employment or in agricultural employment, enter this information for** *this year and last year.* 46

• If you were not employed or self-employed during the past 12 months, enter the information for your last period (no matter how long) of employment or self-employment.

NAME AND ADDRESS OF EMPLOYER *(If self-employed, write "self-employed.")*	WORK BEGAN		WORK ENDED	
	MONTH	YEAR	MONTH	YEAR
Society for Prevention Cruelty to Children 156 Plymouth Ave N. Rochester NY		1959	3	65

10. **May the Social Security Administration or the State Agency reviewing your case ask your employers for information about your employment?** ☐ YES ☐ NO

11. **How much were your total earnings last year?** ..... $ 1583.00

12. **About how much have you earned so far this year?** ..... $ about 125.00

13. **Formal education—Circle highest grade completed**

0 1 2 3 4 5 6 7 8 9 (10) 11 12

College *(Number of years completed)*

14. **Were you in the active military or naval service at any time after September 7, 1939?** ☐ YES ☒ NO

If "Yes," answer (a) and (b).

(a) **Show branch and dates of service.**

(b) **If you have received, or expect to receive, a benefit from any other Federal agency, list all such agencies.** *If none show "None."*

15. **Did you work in the railroad industry any time on or after January 1, 1937?** ☐ YES ☒ NO

16. *(a)* **Are you married?** ☒ YES ☐ NO

If "Yes," give the following information about your wife or husband. 47

WIFE'S MAIDEN NAME OR HUSBAND'S NAME	DATE OF BIRTH *(If unknown show age)*	DATE OF MARRIAGE	IF HUSBAND OF WIFE IS AGE 62 OR OVER OR IS FILING FOR DISABILITY BENEFITS ENTER HIS OR HER SOCIAL SECURITY NO.
a. Bernard Wiemer	1/29/05	7/28/54	unk.

(b) **If you are a married woman, was your husband receiving at least one-half of his support from you at the time you became unable to work because of your disabling condition, or is he receiving at least one-half of his support from you now?** ☐ YES ☐ NO

17. Answer question 17 only if you are married and your husband or wife is applying for benefits.

(a) **Indicate whether your marriage was performed by:**

☐ **Clergyman or authorized public official**

☐ **Other** *(Explain)*.....

(b) **Were you married before your present marriage?**

☐ YES ☐ NO

If "Yes," give the following information about each of your previous marriages:

PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN *(Month, Day and Year)*	WHERE *(Enter name of City and State)*
	HOW MARRIAGE ENDED	WHEN *(Month, Day and Year)*	WHERE *(Enter name of City and State)*
PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN *(Month, Day and Year)*	WHERE *(Enter name of City and State)*
	HOW MARRIAGE ENDED	WHEN *(Month, Day and Year)*	WHERE *(Enter name of City and State)*

(USE REMARKS SPACE FOR INFORMATION ABOUT ANY OTHER PREVIOUS MARRIAGE)

18. *(a)* **Do you have any children under age 19?** ☐ YES ☒ NO

If "Yes," list the name of each such child.

No children in nursery school

(b) **Do you have any children (no matter how old) who have been continuously disabled since before age 18?** *If "Yes," list the name of each such child.* ☐ YES ☒ NO

(c) **Do you wish to apply for all insurance benefits under Title II of the Social Security Act, as amended, on behalf of all the children listed in 18** *(a)* **and** *(b)*? ☐ YES ☐ NO

NOTE: You may apply even though you do not wish to be the payee for the child's benefits.

If "No," give under "Remarks" the name of each child for whom you are not filing and the reason(s).

19. **Do you have a dependent parent who was receiving at least one-half of his or her support from you at the time you became unable to work because of your disabling condition?** ☐ YES ☒ NO

Disability insurance benefits payable by the Social Security Administration may be withheld until it determines whether there is a continuation of disability, where it has information that the claimant may no longer be disabled. An individual found under a disability may be contacted at any time to furnish information concerning continuation of disability.

In addition, the law requires that your name and the essential facts about your disabling condition be sent to your State vocational rehabilitation agency for consideration of possible rehabilitation services. If these services are made available to you and you refuse to accept them without good cause, the Social Security Administration will not pay any disability benefits for any month of such refusal.

20.	**Do you agree to notify the Social Security Administration promptly if your condition improves or if you go back to work?**	☒ YES ☐ NO
21.	**Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review your case any medical records or other information about your disabling condition?**	☒ YES ☐ NO

A claimant for disability insurance benefits is required to submit medical evidence showing the nature and extent of his disabling condition during the time he alleges he was under a disability. If such evidence is not sufficient to arrive at a determination, he may be requested to have an independent medical examination at the expense of the Social Security Administration.

22. If you are between the ages of 62 and 65 and are applying for *disability insurance benefits*, answer the following question.

If it is finally determined that you are not entitled to disability insurance benefits, do you wish this to constitute an application for reduced old-age insurance benefits? ☐ YES ☐ NO

If "Yes," name the first month for which you are claiming benefits.

Month , 19

When Question 22 is answered "Yes," a supplementary Form OA-C1 (Application for Old-Age Insurance Benefits must also be completed.

REMARKS: *(This space may be used for explaining any answers to the questions. If additional space is required, attach separate sheet.)*

Knowing that anyone making a false statement or representation of a material fact for use in determining the right to or the amount of Federal old-age, survivors, or disability insurance benefits or in determining an individual's disability, commits a crime punishable under Federal law, I certify that the above statements are true.

If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. NAME

ADDRESS *(Street number, City, State and ZIP Code)*

2. NAME

ADDRESS *(Street number, City, State and ZIP Code)*

SIGNATURE *(Write in ink)*

SIGN HERE ➧ Virginia M. Wiemer

MAILING ADDRESS *(P.O. Box, No. and Street Address)*

117 Dorsey Rd

CITY, STATE AND ZIP CODE

Rochester NY 14616

DATE *(Mo., Day, and Year)* 11/22/65

TELEPHONE NO. 1103-4217

ENTER NAME OF COUNTY *(if any)* IN WHICH YOU NOW LIVE

MONROE

STATEMENT BY WIFE OR DEPENDENT HUSBAND OF DISABLED PERSON

The wife or dependent husband of an applicant for disability insurance benefits should answer the following question if present when this application is completed, and is at least age 62, or, in the case of a wife under age 62, has in her care any child included in item 18.

DO YOU DESIRE THIS APPLICATION TO BE AN APPLICATION FOR ANY SOCIAL SECURITY BENEFITS PAYABLE TO YOU? ☐ YES ☐ NO

SIGNATURE OF WIFE OR DEPENDENT HUSBAND *(Write in ink—First Name—Middle Initial—Last Name)*

➧ EXHIBIT 1

* U.S. GOVERNMENT PRINTING OFFICE 1965 OP—780-436

k

49

DETERMINATION OF DISALLOWANCE OR DECISION OF ABATEMENT

DISTRICT OFFICE	D/O CODE	WAGE EARNER'S NAME	ACCOUNT NO
Rochester N Y	108	Cervia M Wiemer	118-03-2155
PAYMENT CENTER: HDI			HF-

SYMBOL	DISALLOWANCE CODE NO.	NAME AND ADDRESS OF CLAIMANT	FILING DATE
HA	92	Cervia M Wiemer 117 Dorsey Rd Rochester N Y 14616	11/22/65

The following action is taken on the application(s) by or on behalf of the claimant(s) named above and on the supporting evidence in the file:

[X] Disallowance of claim

[ ] Decision of abatement

[ ] Disallowance of application for recomputation

(List the basic reason under "DISALLOWANCE CODE NO." above; if this number requires a fill-in, enter the information under "Remarks." Show any additional reasons under "Remarks.")

Fill in when any item 01-26 is listed.

Wage earner attained age (65 if a man) (62 if a woman) on

Wage earner died on

Number of quarters required to be fully insured

Number of quarters toward fully insured status

Number of quarters toward currently insured status

REMARKS:

DISALLOWANCE NOTICE NO. (SHOW NECESSARY FILL-INS)	PARAGRAPHS IN ORDER OF APPEARANCE ON NOTICE (SHOW NECESSARY FILL-INS)
OA-CL 243 12/17/65	Final DO Disallowance

ADDITIONAL INSTRUCTIONS:

A/N
EXHIBIT 1-A (PAGES)

BY	DATE	APPROVED	DATE
S W Griffin	12/17/65		
TITLE: CLAIMS REPRESENTATIVE		TITLE: Representative CLAIMS XXXXXXXXX	

Form OA-C201 (6-62) (OVER)

VT Folder 930-6 01/10/66

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form approved.
Budge Bureau No. 72-R530.7

(Do not write in this space)
Rotator. N.Y
50
12/2/65

APPLICATION FOR DISABILITY INSURANCE BENEFITS

NOTICE. – (a) Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than $1,000 or 1 year's imprisonment, or both.

I hereby apply for a period of disability and/or all insurance benefits payable to me under Title II of the Social Security Act, as amended.

1. Enter your full name: Cerrin M. Warner
   (Check one) ☐ Male ☒ Female
   Enter your Social Security number (If none or unknown so indicate): 115 | 03 | 2155

2. Enter your date of birth (Show month, day, and year): 5/30/16
   Enter the name of the City and State or Foreign Country where you were born: Rotator N.Y

3. (a) Have you (or has someone on your behalf) ever filed an application for monthly social security benefits before? ☒ Yes ☐ No
   (If "Yes," answer (b), (c), and (d). If "No," go on to item 4).
   (b) Kind of claim filed: DIB
   (c) Enter name of person on whose earnings record you filed other application(s): my own
   (d) Enter Social Security Number of person named in (c): ___ | ___ | ____

4. What is your disability? (Briefly describe your impairment, that is, the injury or illness that prevents, or has prevented, you from working.) oster arthritis plus complication

5. (a) When did you become unable to work because of your disability? DATE (Month, day, and year): 4/67
   (b) Are you still disabled? ☒ Yes ☐ No (If "No," answer (c).)
   (c) If you are no longer disabled, enter the date you were again able to work. → DATE (Month, day, and year):

6. Check the first block which applies to you.

(a) ☐ Confined in a medical institution other than a general hospital	(d) ☐ Confined in a chair (Including wheel chair)
	(e) ☒ None of the above but unable to go outside
(b) ☐ Patient in a general hospital	(f) ☐ Able to go outside but only with help of another person or device
(c) ☐ Confined in bed at home	(g) ☐ Able to go outside without help

FORM SSA-16 (3-67) FORMERLY OA-C16 (Over)

PAGE NO. 2 (4 Pages)

7. (a) **Have you filed (or do you intend to file) a claim for disability benefits under any workmen's compensation law or plan?** ☐ Yes ☒ No

(If "Yes," answer (b). If "No," go on to item 8.)

(b) **If you have filed such a claim, has there been a decision on the claim?** ☐ Yes ☐ No

(If "Yes," answer (c). If "No," go on to item 8.)

(c) **Enter the amount of the weekly payment made to you** . . . . . AMOUNT $

(If you are receiving or have received payments on other than a weekly basis, such as bi-weekly or monthly payments, or if you have received a lump-sum payment based on your workmen's compensation claim, please indicate in "Remarks" and include the amount of such payment or payments.)

8. **Did you work in the railroad industry any time on or after January 1, 1937?** ☐ Yes ☒ No

9. (a) **Were you in active military or naval service after September 7, 1939?** ☐ Yes ☒ No

(If "Yes," answer (b) and (c). If "No," go on to item 10.)

(b) Enter name of branch (Army, Navy, etc.), country served (if other than U.S.) and dates of service.

(c) **Have you received, or do you expect to receive, a benefit from any other Federal agency?** ☐ Yes ☐ No

(If "Yes," enter the names of all such agencies.)

10. • Enter the names and addresses of all the persons, companies or government agencies for whom you worked during the last 12 months.
• If you worked in agricultural employment, give this information for this year and last year.
• If you were not employed during the past 12 months, enter the information for your last period (no matter how long) of employment.

NAME AND ADDRESS OF EMPLOYER	WORK BEGAN		WORK ENDED (If still working, show "Not Ended")	
	Month	Year	Month	Year
Mrs Edward Zoby 374 Stony Rd Rochester NY 14616	7/15/68		8/2	/68

Domestic and related light household maintenance

(If you need more space, use "Remarks" space on the back page)

11. **May the Social Security Administration or the State agency reviewing your case ask your employers for information needed to process your claim?** ☒ Yes ☐ No

12. **Were you self-employed this year, last year, or the year before?** ☐ Yes ☒ No

(If "Yes," answer question 13. If "No," go on to item 14.)

13.

Check the year or years in which you were self-employed.	In what kind of trade or business were you self-employed?	Were your net earnings from your trade or business $400 or more? (Check "Yes" or "No")
☐ This Year		
☐ Last Year		☐ Yes ☐ No
☐ Year Before Last		☐ Yes ☐ No

14. **How much were your total earnings last year?** *(Count both wages and self-employment income. If none, write "None")* ..... almost $ 1000.00

15. **How much have you earned so far this year?** *(If none, write "None")* ..... $ 165.00

16. **(a) Are you married?** ☒ Yes ☐ No
(If "Yes," give the following information about your wife or husband.)

WIFE'S MAIDEN NAME OR HUSBAND'S NAME	DATE OF BIRTH *(If unknown show age)*	DATE OF MARRIAGE	If husband or wife is age 62 or over or is filing for disability benefits, enter his or her Social Security No.
Bernard A. Weiner	64	7/28/54	52

(b) If you are a married woman, was your husband receiving at least one-half of his support from you at the time you became unable to work because of your disabling condition, or is he receiving at least one-half of his support from you now? ☐ Yes ☒ No

17. Your unmarried children (including natural children, adopted children, and stepchildren) may be eligible for benefits based on your earnings record if they are now, or were, in the past 12 month:

- under age 18
- age 18 to 22 and attending school
- age 18 or over and under a disability (which must have begun before age 18)

None

If you have children who may qualify for benefits under any of the above conditions, answer (a) and (b).

(a) Name of each such child

NAME OF CHILD	NAME OF CHILD

(b) Do you wish to apply, on behalf of all the children named in item 17(a) for all insurance benefits payable to them under Title II of the Social Security Act, as amended? *(You may apply even though you do not wish to be payee for a child's benefits.)* ☐ Yes ☐ No

(If "No," enter under "Remarks" the name of each child for whom you are not applying and give your reasons.)

18. Answer question 18 only if you are married and your husband or wife is applying for benefits.

(a) Check (√) whether your marriage was performed by:
Clergyman or authorized public official ☐, or other ☐ ——— *(Explain)*

(b) Were you married before your present marriage? ☐ Yes ☐ No
(If "Yes," give the following information about each of your previous marriages.)

PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN *(Month, day, and year)*	WHERE *(Enter name of city and State)*
	HOW MARRIAGE ENDED	WHEN *(Month, day, and year)*	WHERE *(Enter name of city and State)*
PREVIOUS MARRIAGE	TO WHOM MARRIED	WHEN *(Month, day, and year)*	WHERE *(Enter name of city and State)*
	HOW MARRIAGE ENDED	WHEN *(Month, day, and year)*	WHERE *(Enter name of city and State)*

(Use "Remarks" space for information about any other marriage.)

19. Do you have a dependent parent who was receiving at least one-half of his or her support from you at the time shown in item 5(a) when you became unable to work because of your disability? ☐ Yes ☒ No

(Over)

20.	Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review this application or your continuing disability, any medical records or other information about your disability?	☒ Yes ☐ No

53

The events listed below may affect your entitlement to disability insurance benefits:

(a) Your MEDICAL CONDITION IMPROVES so that you would be able to work, even though you have not yet returned to work.

(b) You GO TO WORK whether as an employee or a self-employed person.

(c) You apply for periodic benefits under any workmen's compensation law or plan.

If you are now hospitalized –

(d) You are DISCHARGED FROM THE HOSPITAL.

21.	Do you agree to notify the Social Security Administration promptly if any of the above events occur?	☒ Yes ☐ No

Answer question 22 only if (a) you are at least age 62 (or are a widow at least age 60) AND (b) you are not currently entitled to a reduced old-age insurance benefit or a reduced widow's insurance benefit. Persons at least age 62 (or widows at least age 60) may be eligible for reduced retirement benefits. If you accept such reduced benefits your payments will be permanently reduced. The amount of reduction will depend upon several factors such as, your age, whether or not your claim for disability insurance benefits is allowed, and the first month of your entitlement to benefits.

22.	Do you wish this to be considered an application for any reduced benefits for which you may be eligible?	☐ Yes ☐ No

REMARKS: *(This space may be used for explaining any answers to the questions. If additional space is required, attach separate sheet.)*

IMPORTANT INFORMATION. PLEASE READ CAREFULLY. – A claimant for disability insurance benefits is required to submit medical evidence showing the nature and extent of his disability during the time he alleges he was under a disability. If such evidence is not sufficient to arrive at a determination, he may be requested to have an independent medical examination at the expense of the Social Security Administration. Should Social Security obtain information useful to his physician for treatment, such information may be furnished to him.

Knowing that anyone making a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, I certify that the above statements are true.

If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

SIGNATURE *(Write in ink)*

SIGN HERE Cenia M. Kilmer

1. NAME

ADDRESS *(Number and Street, City, State and ZIP Code)*

MAILING ADDRESS ~~(Number and Street, P.O. Box, or Rural Route)~~

117 Dorsey Rd

2. NAME

CITY, STATE AND ZIP CODE

Rochester, N.Y 14616

ADDRESS *(Number and Street, City, State and ZIP Code)*

DATE *(Month, day, and year)* 12/2/68

TELEPHONE NUMBER 663-5714

ENTER NAME OF COUNTY (if any) IN WHICH YOU NOW LIVE

Monroe

STATEMENT BY WIFE OR DEPENDENT HUSBAND OF DISABLED PERSON

The wife or dependent husband of an applicant for disability insurance benefits should answer the following question if present when this application is completed, and is at least age 62, or, in the case of a wife under age 62, has in her care any child named in item 17 who is under age 18 or disabled.

Do you desire this application to be an application for any social security benefits payable to you? ☐ Yes ☐ No

SIGNATURE OF WIFE OR DEPENDENT HUSBAND *(Write in ink)*

EXHIBIT 2

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
BUDGET BUREAU 72R523.S

DISABILITY DETERMINATION AND TRANSMITTAL

1 FOLDER TO: BDI [ ] SA [X] DFC [ ]

2 DATE APP'D: 12/2/68

3. W/E (If Auxiliary Filing) OASI W/E [ ] DIB W/E [ ]

4 SOCIAL SECURITY ACCOUNT NUMBER: 118-03-2155 54

5 NAME AND ADDRESS OF CLAIMANT:
Cervia M Wiemer
117 Dorsey Rd
Rochester N Y 14616

6 DB: 5/30/16

7 SEX: M [ ] F [X]

8 RACE: W [ ] N [ ] O [ ] [X]

9 AOD: 6/XX/67

10 AT AGE: 51

11 CLAIM FOR: FREEZE [ ] DIB [X] CHILD [ ] DWB [ ]

12 FAMILY STATUS: MAR [X] SG [ ] NO. CHILDREN (UNDER 18): 0

13 QC REQ. LAST MET: 6/30/71

14 [ ] W/E DOES NOT MEET 20/40 REQ. A. [ ] DIS. BDI REVIEW B. [ ] SINCE LAST DET

15 PREV. DENIED OR TERM. [ ]

16 NON DIS. DEV. IN PROGRESS: Age [X]

17 MED. DEV. DEF. [ ]

18 S.A. CODE: 330

19 STATE: New York

20 DISTRICT OFFICE ADDRESS: 107 Clinton Av N, Rochester N Y 14604

DO CODE: 108

RO CODE: 21

FILE REVIEWED & APPROVED FOR TRANSMITTAL

21 CLAIMS REPRESENTATIVE: M Filer

22 DATE OF TRANSMITTAL: 2/25/69

23 REMARKS:

69 FEB 26 NY 12:03

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT

24 [ ] HAS BEEN UNDER A DISAB. SINCE

25 [ ] WAS UNDER A DISAB. A. DATE FROM B. TO

26 [ ] WAS NOT UNDER A DISAB. ON OR BEFORE (Date)

27 [X] WAS NOT UNDER A DISAB.

28 CASE OF BLINDNESS AS DEFINED IN SEC. 216(i) A [ ] NOT UNDER A DISAB. FOR CASH BENE. PURP. B [ ] UNDER A DISAB. FOR CASH BENE. PURP. SINCE

29 DIAGNOSIS: Psychotic Reaction, Anxiety Reaction

30 MTH. CODE: 2

31 VOCATIONAL BACKGROUND (Occupation): VARIOUS

OCC. YEARS: 40K

EDUC. YEARS: 11

32 BASIS FOR DETERMINATION: 1502 a

[ ] CONTINUED ON ATTACHED SHEET (Use OA D834)

33 RECOMMEND RE EXAM ON (Date)

34 DISABILITY EXAMINER'S: [signature]

35 DATE: 3/26/69

36 REVIEW PHYSICIAN'S: [signature]

37 DATE: 3/26/69

TO BE COMPLETED BY SSA

38 [ ] CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES
[ ] CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18

39 [X] W/E MEETS 20/40 TEST IN 64Q2 QTR
[ ] W/E DOES NOT MEET 20/40 TEST. HAS ____ OF 40 QTRS. ENDING ____

40 A PERIOD OF DISABILITY IS [ ] ESTABLISHED FROM ____ TO ____ [X] NOT ESTABLISHED

41 REMARKS: X REF AN 128-03-8557
see OA D53 1 4 5/2 2/69

42 RE EXAM REQ: —

43 DISABILITY EXAMINER: [signature]

44 DATE: 04/07/69

45 DISABILITY EXAMINER: [signature]

46 DATE: 4/7/69

CLAIMANT TO BE NOTIFIED BY: 47 [X] BDI [ ] PC

48 LTR PAR NO: 803.1 (a)(5)(ii)

49 PRIOR ACT [X] PD [ ] PT [ ] REVISED

50 BASIS CODE: D

51 ALLOWED CODE: D-1

52 RETURN CODE:

53 CAT. [ ] WA [X] DIB [ ] OSF [ ] CH [ ] FR

54 SPECIAL CODE [ ] VA [ ] VAD

55 LIST NO.

FORM OA-D831 (1-68) 1—FOLDER COPY

EXHIBIT NO. 3 (2 pages)

4/1/69

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

ML:dhv Unit 10

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

55

NOTE. --- Use this form only when necessary for continuation of Item 32 of "DISABILITY DETERMINATION" or Item 3 of "CESSATION OR CONTINUANCE OF DISABILITY".

NAME	NAME OF WAGE EARNER (IF DISABLED CHILD FILING)	SOCIAL SECURITY ACCOUNT NO.	DATE
Cervia M. Wiemer		118-03-2155	3/26/69

The claimant alleges disability since 6/67 due to osteoarthritis. She is 52 years old, had a 10th grade education, and has worked at various jobs, such as a domestic.

The attending physician states that he has seen this patient in her house only three times, mainly for symptoms and signs of ordinary flu and common cold. "She has a moderate degree of degenerative arthritis of various joints, but I have not found any evidence of articular nor neuromuscular dysfunction." The claimant refused to go to the doctor's office for a complete physical examination.

A consultative examination was performed on 3/10/69 by Dr. Benjamin Pollack, Psychiatrist. She walked into the office freely and displayed no difficulties in walking, but later on in the interview, she gave ~~me~~ complaints of many types. She is well dressed, well nourished, and shows no signs of disability. She frequently laughed and joked and seemed to be at ease. She is spontaneous, coherent and relevant. She is well oriented for time and place and does not seem tired or fatigued and enjoys talking about herself. She gives a whole series of symptoms about not being able to sleep and with joint pains and swelling. This was said with much dramatic emphasis. There was no swelling of the right hand, no sign of interference with function or sign of arthritis, deformity, swelling or joint pain. The claimant showed voluntary splinting of her back and right arm when in motion. She won't allow the doctor to lift her right arm as she claims that it will begin terrific pain. In a similar way, if she bends forward she will be in serious difficulty. However, when distracted she loses her splinting in the back and arm. The claimant, although she complains of innumerable pains and disabilities, ~~she~~ walks quite freely without any disturbance in gait or any sign of a marked disability which she claims. She is comfortable, jokes and goes up and down the stairs with only difficulty when this is pointed out to her. She is considered competent. Diagnosis: Conversion hysteria.

Although there are complaints of pains in the joints, there are no clinical findings to show any organic cause for the alleged pain. The attending physician indicates only a moderate degree of degenerative arthritis with no evidence of any dysfunction. The consulting psychiatrist notes that when distracted, the claimant has little or no symptoms. Since there is no medical evidence of a significant impairment, no disability is found.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

GIVE ACCOUNT NO. 118-03-2155
WHEN WRITING ABOUT YOUR APPLICATION TO SOCIAL SECURITY OFFICE

Rochester, NY 14604

April 11, 1969

Mrs. Cervia M. Wiemer
117 Dorsey Rd.
Rochester, NY 14616

Dear Mrs. Wiemer:

We have determined that you are not entitled to disability insurance benefits because you do not meet the disability requirement of the law. In reaching this decision we considered how much your condition has affected your ability to work. After carefully studying the records in your case, including the medical evidence and your statements, and considering your age, education, training and work experience, it has been determined that your condition is not disabling within the meaning of the law.

If your condition should get worse and prevent you from doing any substantial gainful work, you should write or call at your social security office about filing another disability claim. Our records show that you meet the earnings requirement for disability purposes until June 30, 1971. An explanation of the disability requirement and the earnings requirement is given on the back of this notice.

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make any such request through your social security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you have any questions about your claim, you should get in touch with your social security office. If you call in person, please take this notice with you.

Sincerely yours,

F H Sheel

F. H. Sheel
Director, Division of Evaluation
and Authorization
Bureau of Disability Insurance

Enclosure:
SSI-58

SSA-L808.1 (11-68)

CLAIM NO. 4

IMPORTANT INFORMATION

Under the Social Security Act, a person may qualify for disability insurance benefits only if he meets both the earnings requirement and the disability requirement of the law. The information below explains these requirements:

The Earnings Requirement:

- A person whose disability began before age 24 meets the earnings requirement if he has social security credits for 6 calendar quarters (1½ years) of work during a 12-quarter (3-year) period ending with a quarter before age 24 in which he is disabled.
- A person whose disability began between the ages 24 and 31 meets the earnings requirement if he has social security credits for work in at least one half of the calendar quarters in the period beginning with the calendar quarter after age 21 and ending with a quarter before age 31 in which he is disabled.
- A person whose disability began at age 31 or later meets the earnings requirement if he has social security credits for 20 calendar quarters (5 years) of work during a 40-quarter period (10 years) ending in or after a quarter in which he is disabled.

If a person does not have credit for the amount of work shown above he is not eligible for disability insurance benefits.

The Disability Requirement:

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training, and work experience.

The decision on your claim was made by the Social Security Administration on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that he meets the disability requirement of the Social Security Act.

No benefits may be paid to the wife, husband, or child unless the wage earner or self-employed person is entitled to disability insurance benefits.

This notice concerns only your disability application. It is not a decision as to whether retirement, survivors, or hospital and medical insurance benefits are payable.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R0552

REQUEST FOR RECONSIDERATION

(Do not write in this space)
58
4/30/69

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON: Cerva M. Wiemer
SOCIAL SECURITY CLAIM NUMBER: 118-03-2155
NAME OF CLAIMANT:

CLAIM FOR (Specify type, e.g., retirement, disability, hospital insurance, etc.): disability

69 MAY 15 NY 9:06

I do not agree with the determination made on the above claim and request reconsideration.

My reasons are: I cannot work because I have trouble walking. If I am not careful and walk leaning on the furniture around my house I fall down. I have trouble holding on to things with my hands. I have arthritis of my whole body. I have continual pain. I have trouble sleeping as I get nervous about my disability — I can't even do my own housework.

NOTE: If the date of the notice of the determination on this claim was more than six months ago include your reason for not making this request earlier.

I am submitting the following additional evidence (*If none, write "None."*):

Dr. Almaghi Farrokh 2080 Ridge Rd. W. 14626

SIGNATURE OF WITNESSES ONLY

If this request has been signed by mark (X), two witnesses who know the person requesting reconsideration must sign below, giving their full addresses.

1. NAME

ADDRESS (Number and Street, City, State and Zip Code)

2. NAME

ADDRESS (Number and Street, City, State and Zip Code)

SIGNATURE (Write in Ink—First, Middle Initial, Last Name): Cerva M Wiemer

MAILING ADDRESS (Number and Street, P.O. Box or Route): 117 Dorsey Rd

CITY AND STATE: Rochester NY

ZIP CODE: 14616

DATE (Month, Day, and Year): 4/30/69

TELEPHONE NUMBER: 663-8714

FOR SOCIAL SECURITY OFFICE USE ONLY

PROVIDER NAME AND NUMBER	INTERMEDIARY NAME AND NUMBER	SOCIAL SECURITY OFFICE ADDRESS

ROUTING INSTRUCTIONS (Check one)

- ☐ State Agency (*Route with disability folder*)
- ☐ Payment Center _____ BDI, Balto. ☐
- ☐ BHI, RO _____ ☐ BHI, Attn: DRB, Balto.
- ☐ Division of Foreign Claims, Balto.
- ☐ BDPA, Attn: CWAB, Balto.
- ☐ Intermediary

FORM SSA-561 (8-66)

NOTE: Take or mail completed copies to your Social Security Office.

CLAIM NO. 5

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
BUDGET BUREAU 72R523.5

DISABILITY DETERMINATION AND TRANSMITTAL

1 FOLDER TO: BDI ☐ SA ☐ DFC ☐

2 DATE APP'D: 12/2/68

3 W/E (If Auxiliary Filing) — OASI W/E ☐ DIB W/E ☐

4 SOCIAL SECURITY ACCOUNT NUMBER: 118-03-2155 59

5 NAME AND ADDRESS OF CLAIMANT:
Cervia M Wiemer
117 Dorsey Rd
Rochester NY 14616

6 DB: 5/30/16

7 SEX: M ☐ F ☒

8 RACE: W ☐ N ☐ O ☐

9 AOD:

10 AT AGE:

11 CLAIM FOR: FREEZE ☐ DIB ☐ CHILD ☐ DWB ☐

12 FAMILY STATUS: MAR ☐ SG ☐ NO CHILDREN (UNDER 18) ☐

13 QC REQ LAST MET:

14 ☐ W/E DOES NOT MEET 20/40 REQ
A ☐ DIS. BDI REVIEW B ☐ SINCE LAST DET

15 PREV DENIED OR TERM. ☐

16 NON DIS DEV IN PROGRESS ☐

17 MED DEV DEF ☐

18 S A CODE: 330

19 STATE: NY

20 DISTRICT OFFICE ADDRESS: 107 Clinton Av
Rochester NY 14604

DO CODE: 108

RO CODE: 21

FILE REVIEWED & APPROVED FOR TRANSMITTAL

21 CLAIMS REPRESENTATIVE

22 DATE OF TRANSMITTAL

23 REMARKS: Recd SSA 5/6/69

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT

24 ☐ HAS BEEN UNDER A DISAB SINCE

25 ☐ WAS UNDER A DISAB A. DATE FROM B. TO

26 ☐ WAS NOT UNDER A DISAB ON OR BEFORE (Date)

27 ☒ WAS NOT UNDER A DISAB

28 CASE OF BLINDNESS AS DEFINED IN SEC. 216(i)
A ☐ NOT UNDER A DISAB FOR CASH BENE PURP
B ☐ UNDER A DISAB FOR CASH BENE PURP SINCE

29 DIAGNOSIS: Polyneuropathosis, Anxiety Reaction

30 MDR CODE: E

31 VOCATIONAL BACKGROUND (Occupation): Home maker and Domestic

OCC YEARS: 6+

EDUC YEARS: 11

32 BASIS FOR DETERMINATION: 1502

☒ CONTINUED ON ATTACHED SHEET (Use OA D834)

33 RECOMMEND RE EXAM ON (Date)

34 DISABILITY EXAMINER SA: W. Carro

35 DATE: 5/14/69

36 REVIEWED BY PHYSICIAN SA: [signature]

DATE: 5/19/69

TO BE COMPLETED BY SSA

38 ☐ CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES
☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18

39 ☒ W/E MEETS 20/40 TEST IN 6/67 QTR
☐ W/E DOES NOT MEET 20/40 TEST HAS ____ OF 40 QTRS ENDING ____

40 A PERIOD OF DISABILITY IS
☐ ESTABLISHED FROM ____ TO ____
☒ NOT ESTABLISHED

41 REMARKS: This revises 090033 of 4/17/69
Ref AN 128-03-9551

42 RE EXAM REQ	43 DISABILITY EXAMINER	44 DATE	45 DISABILITY EXAMINER	46 DATE
			B. Wiemer S	5/22/69

CLAIMANT TO BE NOTIFIED BY: 47 ☒ BDI ☐ PC

48 LTR PAR NO: D12

49 PRIOR ACT	50 BASIS CODE	51 A OR D CODE	52 RETURN CODE	53 CAT	54 SPECIAL CODE	55 LIST NO
☐ PD ☐ PT ☒ REVISED D-4	E	ID-1		W ☐ ☒ DIB ☐ OSI ☐ CH ☐ FB	☐ VA ☐ VAD	

FORM OA D831 (1-68) 1—FOLDER COPY

Total D. 6 (2 pages)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

MA:ehb RCH 4

60

NOTE. -- Use this form only when necessary for continuation of Item 32 of "DISABILITY DETERMINATION" or Item 3 of "CESSATION OR CONTINUANCE OF DISABILITY".

NAME	NAME OF WAGE EARNER (IF AUXILIARY FILING)	SOCIAL SECURITY ACCOUNT NO	DATE
Cervia M. Wiemer		118-03-2155	5/14/69

The statement of evidence in the prior determination of 4/7/69, except as modified herein, is hereby incorporated by reference, but not the inferences, findings or conclusion thereon.

Current information from claimant's treating physician reveals that he last saw her on 4/9/69. He has seen her on several occasions and physical findings were all non-specific. There were no deformities of joints, muscle atrophy or neurological abnormalities to substantiate her subjective complaints.

Treating physician reveals that there is no severe physical impairment which would limit claimant's functional capacity. The psychiatric consultative examination revealed that wage earner was lively, jovial, comfortable, and she walked quite freely out of the doctor's office without any disturbance in gait or any kind of marked disability. She was spontaneous, coherent, and relevant. She was also oriented. This does not indicate an impairment which would prohibit her from engaging in SGA. It is therefore determined that wage earner could return to her previous job as a homemaker and is not eligible for a period of disability.

This revises the prior determination of 4/7/69.

FORM SSA-634
(8-68)

FOLDER

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

DI:R:1B
ACCOUNT NO. 118-03-2155
DATE

NOTICE OF RECONSIDERATION DETERMINATION

JUNE 5 1969

Mrs. Cervia M. Wiemer
117 Dorsey Road
Rochester, New York 14616

Dear Mrs. Wiemer:

Upon receipt of your request for reconsideration, we had your claim reevaluated by a physician and a disability examiner in the State agency which works with us in making disability determinations. All the evidence in your case has been carefully evaluated; this includes the medical evidence and the additional information received since the original decision. This new evaluation was then independently reviewed in the Social Security Administration. On the basis of the evidence, and considering your age, education, training and work experience, it has been determined that the previous determination was proper under the law.

To be considered disabled for social security purposes a person must be unable to engage in any substantial gainful activity due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from engaging not only in his usual occupation but also in any other kind of substantial gainful work, considering his age, education and work experience. This inability to work must exist at a time when another requirement, called the earnings requirement, is met.

You state you became unable to work in June 1967, at age 51, because of arthritis, and difficulty in walking and other impairments. The medical evidence consists of reports from your physicians and the results of a special examination arranged for you. This evidence shows that you do have arthritis and occasional difficulty with walking. However, you have good strength of your back, arms and legs, and you are able to sit, stand, walk and get about without significant restriction. It is recognized that you have been nervous and concerned about your health, but this has not interfered with your ability to think, remember or communicate with others. No other impairments were reported which would restrict your ability to work.

Your records indicate that you have an eleventh grade education and work experience as a machine operator and domestic employee. Although you may at times have some discomfort, the evidence establishes that your health is not so impaired as to prevent you from performing your usual type of work.

cc:
District Office, Rochester, N. Y.

BWarmers:bed 6-3-69

EXHIBIT NO. 7 (2 pages) RW/hb 6-3-69

According to the amounts credited to your social security account at the time you filed your application, you meet the earnings requirement for disability purposes until June 30, 1971. Any additional earnings which may be credited to your account after the time you applied may, of course, extend this date.

If your condition should get worse and prevent you from doing any substantial gainful work, you should write or call at your social security office about filing another disability application.

As you were previously informed, this determination concerns only your disability application. It is not a decision as to whether benefits will be payable to you at retirement age.

We hope this satisfactorily explains the reason for the determination in your case. If you believe that the reconsideration determination is not correct, you may request a hearing before a hearing examiner of the Bureau of Hearings and Appeals. If you want a hearing, you must request it not later than 6 months from the date of this notice. You should make any such request through your Social Security Office, Rochester, New York. Read the enclosed leaflet BHA-1 for a full explanation of your right to appeal.

Sincerely yours,

John D. Bluett
Director, Division of Reconsideration
Bureau of Disability Insurance

Enclosure:
BHA-1

~~Form SS-5~~
TREASURY DEPARTMENT
Internal Revenue Service

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER

~~VOID~~ N128-05-9551

PRINT NAME

1. CERVIA MARIE JEROY (EMPLOYEE'S FIRST NAME) (MIDDLE NAME) Beiter (LAST NAME) 360
2. 315 FLINT STREET (STREET AND NUMBER) 3. ROCHESTER, N.Y. (POST OFFICE) (STATE) 63
4. S.S. KRESGE (BUSINESS NAME OF PRESENT EMPLOYER) 5. 116 E. MAIN STREET (BUSINESS ADDRESS OF PRESENT EMPLOYER) Rochester New York
6. 20 (AGE AT LAST BIRTHDAY) 7. MAR 3 1916 (DATE OF BIRTH: MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION) 8. ROCHESTER, N.Y. (PLACE OF BIRTH) Genesee Hospital
9. Raymond Oscar Jeroy (FATHER'S FULL NAME) 10. MAE BEATRICE JEROY (MOTHER'S FULL MAIDEN NAME) CRAYMER
11. SEX: MALE ___ FEMALE ✓ (CHECK (✓) WHICH) 12. COLOR: WHITE ✓ NEGRO ___ (CHECK (✓) WHICH) OTHER ___ (SPECIFY)
13. IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD ___
IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE ___ (PLACE) ___ (DATE)
15. Nov. 27, 1936 (DATE SIGNED) 16. Cervia M. Jeroy (EMPLOYEE'S SIGNATURE AS USUALLY WRITTEN)

DETACH ALONG THIS LINE

(EMPLOYEE'S FIRST NAME) (MIDDLE NAME) (LAST NAME)
(MARRIED WOMEN: GIVE MAIDEN FIRST NAME, MAIDEN LAST NAME, AND HUSBAND'S LAST NAME)
315 Flint (STREET AND NUMBER) 3. Rochester (POST OFFICE) (STATE)
(BUSINESS NAME OF PRESENT EMPLOYER) 5. (BUSINESS ADDRESS OF PRESENT EMPLOYER)
21 (AGE AT LAST BIRTHDAY) 7. F 3/6/16 (DATE OF BIRTH: MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION) 8. Rochester (PLACE OF BIRTH)
Raymond Oscar Jeroy (FATHER'S FULL NAME) 10. Mae Beatrice Craymer (MOTHER'S FULL MAIDEN NAME)
SEX: MALE ___ FEMALE ✓ (CHECK (✓) WHICH) 12. COLOR: WHITE ✓ NEGRO ___ (CHECK (✓) WHICH) OTHER ___ (SPECIFY)
IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD ___
IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE Rochester State (PLACE) SUPPORTING APPLICATION (DATE)
8-9-37 (DATE SIGNED) 16. Cervia M. Jeroy (EMPLOYEE'S SIGNATURE AS USUALLY WRITTEN)

DETACH ALONG THIS LINE

N128-05-9551 VOID

IF YOU HAVE NEVER HAD A SOCIAL SECURITY ACCOUNT NUMBER, FILL IN THIS APPLICATION FOR ACCOUNT NUMBER AND SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1. PRINT NAME YOU HAVE NOW (IF EMPLOYED) OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED: FIRST NAME Cervia MIDDLE NAME M' (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE —) LAST NAME Beiter 360
2. MAILING ADDRESS (NO. AND ST., P. O. BOX, OR R.F.D.) (CITY) (ZONE) (STATE): 590 E Main Rochester NY
3. PRINT FULL NAME GIVEN YOU AT BIRTH: Cervia Marie Jeroy
4. AGE ON LAST BIRTHDAY: 34
5. DATE OF BIRTH (MONTH) (DAY) (YEAR): 3/6/16
6. PLACE OF BIRTH (CITY) (COUNTY) (STATE): Rochester Monroe
7. FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: Raymond Oscar Craymer
8. MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: Mae Beatrice Craymer
9. SEX (MARK (X) WHICH): MALE ☐ FEMALE ☒
10. COLOR OR RACE (MARK (X) WHICH) (IF OTHER, SPECIFY): WHITE ☒ NEGRO ☐ OTHER ☐
11. HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? (MARK (X) WHICH): YES ☐ NO ☐ DON'T KNOW ☐
IF ANSWER IS "YES," PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN: STATE New York DATE 1937
ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT: ACCOUNT NUMBER
12. BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED": Unemployed
EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE)
13. TODAY'S DATE: Oct 3 '40
14. WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT): Cervia M. Beiter

DO NOT WRITE IN THIS SPACE

~~50-6320-1~~ RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

DUPLICATE NO. 4 (2 pages)

BEST COPY AVAILABLE

Form OAAN-7003
SOCIAL SECURITY AGENCY
& SECURITY ADMINISTRATION
(7-63)

EMPLOYEE'S REQUEST FOR CHANGE IN RECORDS

FORM APPROVED, BUDGET BUREAU NO. 72-R135.3

READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

PRINT WITH BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE

ACCOUNT NO. 118-03-2155

1. IF REQUESTING NAME CHANGE, ENTER NEW NAME HERE EXACTLY AS YOU WILL USE IT AT WORK: CERVIA (First name) · MARIE (Middle name or initial—if none, draw line) - CONRAD (Last name)

2. CERVIA · MARIE - BEITER (Name as last furnished for social security records)

3. 170 TROUP - ST ROCHESTER NY (Present mailing address—Number and street) (City) (State)

4. MAY 30 1916 (Date of birth—Month) (Day) (Year)

5. (Date previously reported if different from item 4)

6. ROCHESTER NY MONROE-COUNTY (Place of birth—City) (County) (State)

7. RAYMOND · OSCAR JEROY (Father's full name, regardless of whether living or dead)

8. MAE BEATRICE CRANKER (Mother's full name before ever married, regardless of whether living or dead)

9. SEX: (MARK (X) WHICH) ☐ Male ☒ Female

10. COLOR OR RACE: (MARK (X) WHICH) ☒ White ☐ Negro ☐ Other ____ Specify

11. Unemployed (Business name and address of employer. (If unemployed, write "Unemployed.") (Number and street) (City) (State)

12. REASON FOR FILING THIS REQUEST: Lost my CARD

13. WHERE AND WHEN DID YOU GET YOUR ORIGINAL SOCIAL SECURITY CARD? Roch N Y (State and date) THE CARD IS: ATTACHED ☐ RETAINED ☐ LOST ☒ (MARK (X) WHICH) (Attach your old card if you want the name on it changed)

14. 6-16-21 (10-21990-5 Today's date)

15. Cervia M Conrad (Write your name as you usually write it. (Do not print.) Use black or dark blue ink.)

---

2 NAME YOU LAST FURNISHED FOR SOCIAL SECURITY RECORDS: CERVIA MARIE CONRAD

3 PRESENT MAILING ADDRESS (NUMBER AND STREET) (CITY) (ZONE) (STATE): 117 DORSEY RD. ROCHESTER, N.Y.

4 DATE OF BIRTH (MONTH) (DAY) (YEAR): 5-30-16

5 BIRTH DATE PREVIOUSLY REPORTED IF DIFFERENT FROM ITEM 4

6 PLACE OF BIRTH (CITY) (COUNTY) (STATE)

7 FATHER'S FULL NAME (REGARDLESS OF WHETHER LIVING OR DEAD)

8 MOTHER'S FULL NAME AT HER BIRTH (REGARDLESS OF WHETHER LIVING OR DEAD)

9 SEX (MARK (X) WHICH): MALE ☐ FEMALE ☒

10 COLOR OR RACE (MARK (X) WHICH): WHITE ☐ NEGRO ☐ OTHER ☐

11 WHERE AND WHEN DID YOU GET YOUR SOCIAL SECURITY CARD? STATE YEAR

12 HAVE YOU LOST YOUR CARD? YES ☐ NO ☐ IF YOUR ANSWER IS "NO" RETURN YOUR CARD WITH THIS APPLICATION. IF YOUR ANSWER IS "YES" AND YOU KNOW THE SOCIAL SECURITY NUMBER THAT WAS ON YOUR CARD, ENTER THAT NUMBER IN THE SPACE PROVIDED IN THE UPPER RIGHT CORNER OF THIS CARD.

BUSINESS NAME AND ADDRESS OF EMPLOYER (IF UNEMPLOYED, WRITE "UNEMPLOYED") (NUMBER AND STREET) (CITY) (STATE)

14 TODAY'S DATE: 8-16-54

15 WRITE YOUR NAME AS YOU USUALLY WRITE IT. (Do not print.) USE BLACK OR DARK BLUE INK: C/- Correspondence

16-21980-7

Information Furnished On This Form Is CONFIDENTIAL

See Instructions on Back. Print in Black or Dark Blue Ink or Use Typewriter.

1 Print FULL NAME YOU WILL USE IN WORK OR BUSINESS: CERVIA (First Name) · MARIE (Middle Name or Initial—If none, draw line —) · WIEMER (Last Name)

2 Print FULL NAME GIVEN YOU AT BIRTH: CERVIA · MAY JEROY

3 PLACE OF BIRTH: ROCHESTER (City) MONROE (County if known) NEW YORK (State)

4 MOTHER'S FULL NAME AT HER BIRTH (Her maiden name): MAY BEATRICE CRANKER

5 FATHER'S FULL NAME (Regardless of whether living or dead): RAYMOND OSCAR JEROY

6 YOUR DATE OF BIRTH (Month) (Day) (Year): 5/30/16

7 YOUR PRESENT AGE (Age on last birthday): 52

8 YOUR SEX: MALE ☐ FEMALE ☒

9 YOUR COLOR OR RACE: WHITE ☒ NEGRO ☐ OTHER ☐

10 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY, RAILROAD OR TAX ACCOUNT NUMBER? NO ☐ DON'T KNOW ☐ YES ☒ (If "Yes" Print STATE in which you applied and DATE you applied and SOCIAL SECURITY NUMBER if known): ROCHESTER 1937 118-03-2155

11 YOUR MAILING ADDRESS (Number and street) (City) (State) (ZIP Code): 117 DORSEY-RD ROCHESTER N.Y. 14616

12 TODAY'S DATE: AUGUST 6-1968

13 Sign YOUR NAME HERE (Do Not Print): Cervia Marie Wiemer

TREASURY DEPARTMENT Internal Revenue Service
Form SS-5 (12-64)

Return completed application to nearest SOCIAL SECURITY ADMINISTRATION DISTRICT OFFICE

HAVE YOU COMPLETED ALL 13 ITEMS?

PROOF

118-05-9551 F

FORM OA-C79 (1)

EARNINGS CERTIFICATE & P.I.A. DETERMINATION

1 ACCOUNT IDENTIFICATION

ACCOUNT NUMBER	BOARD REC	NAME	DATE OF BIRTH MO.	DAY	YR	EST.	SEX	PERTINENT DATES FILING MO.	DAY	YR	DEATH MO.	DAY	YR	ONSET MO.	DAY	YR	MO ELECT MO.	YR
118 03 2155	REQ FORM	WIEMER	05	30	16		F	12	02	68				06	02	67		
MULTIPLE AN'S 128-05-9551	BOPA RECORDS																	

MILITARY SERVICE DATES: FROM ____ TO ____

LAE INFORMATION

TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED

WORK DED AND SUSPENSION INFORMATION

YR	AMOUNT	SERVICE MONTHS

2 SELECTED EOP BENEFIT COMPUTATION AND TRIAL-COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB E Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	MS MOS INCL	PIA RETRO	PIA CURR
NS 65 DIS EX	1951	1967	8696.99	NONE	51-66	132			~~44.00~~	~~55.00~~
NS 65	55.CC	CS 65	55.CC					RED MOS	REDUCED BENEFITS	
CS 65 DIS EX	55.CC									

3 EARNINGS RECORD DATA

QUARTER OF COVERAGE TESTS: REQUIRED QC FULLY YR | SPEC '72 | MED; HAS QC; FIRST ELIG; C/I; MAX QC; DISABILITY MET 20/40 TEST | AGE 31 TEST | NON FY 20/40 | AGE 31

QC AND EARNINGS TOTALS: TOT SE QC; TOT AG QC; WAGE QC AFTER 48 | AFTER 50; TOTAL EARNINGS AFTER 1936; TOTAL EARNINGS AFTER 1950

															27	27	10335.40	8713.13	
															~~28~~	~~28~~	~~10374.72~~	~~8713.13~~	
							YES	N/A	YES										

YR	EARNINGS	U	QC/SM	YR	EARNINGS	U	QC SM	SE	AG	YR	EARNINGS	U	QC SM	SE	AG
37	503.43			48						4800 59	482.94	H	CNNN	C	C
38	73.76			49						60			NNNN	C	C
39				50	18.44					61	647.55	H	NCCC	C	C
3000 40	256.04			3400 51	36.94			C		62	1548.58	H	CCCC	C	C
41	246.25			52	80.04	X		C		63	1956.76	H	CCCC	C	C
42	244.85			53	456.61	H	CCCN	C		64	1583.12	H	CCCC	C	C
43				54			NNNN	C		65	142.70	X	CNNN	C	C
44				4200 55			NNNN	C	C	5600 66	818.76	H	NNCC	C	C
45				56	189.50	H	NNNC	C	C	67	~~700.43~~ 1049.63	H	CCNN	C	C
46				57			NNNN	C	C	7800 68			NNNN	C	C
47				58			NNNN	C	C	69					

4 AUXILIARY OR SURVIVOR BENEFIT DATA

ACCOUNT NUMBER	DATE OF BIRTH MO	DAY	YR	MO ELECT MO.	YR	RELATIONSHIP MO	DAY	YR	TYPE	XR ACCOUNT NUMBER	STAT	LUMP SUM	FAMILY COMPOSITION

5 BOPA CAUTION SIGNALS

CA	ED	X	INF NYE	CR IND EN	CR IND OP	SE AG IND	EDP CODES	I Q S	FB IND	101	OTHER	TYPE OF ACTION	BLOCK NUMBER
							01637 27			01	RR	SDIB	7M79957XN

6 BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB E Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR
NS 65 DIS EX	51	67	8956.19	NONE	51-66	132		20		44.00	55.00
OS 65 DIS EX	37	67	10335.90	NONE	38-66	288	4	20		47.00	55.00
NS 65	51	67	8956.19		51-66	132		20		44.00	55.00
OS 65	37	67	10335.90		38-66	288	4	20		47.00	55.00

7

I CERTIFY THAT THE BENEFIT DATA IN BLOCKS 2, 3, AND 6 ARE CORRECT ACCORDING TO THE LAW ON THE BASIS OF THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION AND RECORDS RECEIVED FROM THE RAILROAD RETIREMENT BOARD.

WILLIAM E. HANNA, JR.
DIRECTOR

DATE 1/16/69 BY A. Blondheim
Sit
CORRECTIONS IN BLOCKS 3 AND 6 aub

8 PERTINENT RRB INFORMATION

NAME	DB MO	DB YR	YLW	1937 TO DATE SM	1937 TO DATE COMPENSATION	GROSS RESIDUAL

INV | 120 | ANN | RNTL | RELM | PR RO | OTHER

BOPA REMARKS

20/40 CLM 03/31/71

☐ LAG QC PRESUMED FOR ____

PRIOR ACTION ☐ OASI ☐ DISABILITY

TO ____ DATE ____

☒ SEE SCOUT REPORT ATTACHED

9 DO, PC OR BDI REMARKS

10 DO, PC OR BDI CORRECTED BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB E Y EXCL	ELAPSED PD OR D-O YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

12/2/68

FORM OAR-5015a (12-67)

REQUEST FOR SCOUTING

Date 1/9 66

Block No. 79957

☐ OASI ☐ DISABILITY ☐ CONCURRENT

Page _____ of _____

BDPA USE ONLY			
Sequence No.	01637	Clerk No.	7685
Blocking Date	12/16	Desk No.	966
		Key AN	

118-03-2155-A
128-05-9551-N
(Account Number)

To: BDPA

CERVIA WIEMER
(Account Number Holder)

From: _____

Remarks by District Office _____

E.I.N. or S.E.I. I.R.D. Employer's or SE's Name and Address	Period	Amount Reported	Entry or Summ.	Master Block Unit	Master Block Number	Page or Seq.	Estab. No.	A.Q., P.C. or R.C.
16-0865463	3/67	279.40	f	09	0096	2		27
NYLO MOLD CORP	6/67	421.98	f					
996 MAPLE ST.	9/67	-259.20	f	50	2357	0002		4-7
ROCHESTER, NY 14611	12/67	EO						

Remarks by scout: SAL shows 118-03-216 CM WIEMER 6930 ,ped 2990 1/13/69

16-0435660	3/67	89.05	f	02	0621	16	1	27
GRAFLEX INC.	6/67	EO	EO					
3750 MONROE AVE	9/67	EO	EO					
ROCHESTER, N.Y. 14603	12/67	EO	EO					

Remarks by scout: SALV 2990 1/13/69

Remarks by scout: _____

Remarks by scout: _____

Remarks by Bureau of Data Processing and Accounts: _____

Scouted by _____ Date _____ Reviewed by 7685 Date 1/16/69

The "Entry or Summary" column indicates the final result obtained in searching BDPA records. The symbols used are "p"–item is posted; "E.O."–employee omitted from employer report; "U.T.L."–unable to locate item; "N.R."–no employer report for the period; "N.T.R."–non-taxable report filed; "No E.I.N."–no employer identification number located. Symbols in columns other than the "Entry or Summary" column are for BDPA use only.

Form Approved.
Budget Bureau No. 72R-554.5

REPORT OF DISABILITY INTERVIEW
(WRITE LEGIBLY)

OFFICE: Rochester 999 | DATE: 11/22/65

ACCOUNT NUMBER: 118-03-2055

WAGE EARNER'S NAME: Clara M Wiemer

NAME OF DISABLED INDIVIDUAL (If different from wage earner's): 68

NAME AND ADDRESS OF PERSON(S) CONTACTED ☐ CLAIMANT

CONTACT MADE: [X] IN PERSON ☐ TELEPHONE

PLACE OF CONTACT: [X] DO ☐ CS ☐ HOME ☐ OTHER

INTERVIEWER'S SIGNATURE: S W G ☐ CR ☐ FR ☐ OTHER

NATURE OF INJURY OR ILLNESS THAT PREVENTS CLAIMANT FROM WORKING: Arthritis, fibrositis

AOD	DOB	JOB TITLE (Principal occupation)	KIND OF BUSINESS/INDUSTRY	HIGHEST GRADE COMPLETED
3/17/65	5/30/16	Homemaker	private homes	

1. Date injury or illness first bothered claimant 1962 ; 2. Date claimant stopped working 3/17 ;
3. Describe ability to work at the time the injury or illness first bothered claimant (changes in job duties, conditions, etc.); changes in condition since it first appeared until work stopped (changes in symptoms, dates first noticed, changes in work conditions, work interruptions, dates changes occurred); and reasons claimant stopped working (including reasons other than condition).

I ONSET OF IMPAIRMENT (Complete this Section in ALL Cases)

Has had pain in back since 1962 and began treatment with Dr Macbeth. Condition has slowly progressed to st shoulder, both hands, legs, as condition progressed work became more difficult but claims she worked in spite of condition

4. Has claimant worked since onset? (If "Yes," complete Form OA-D821.) ☐ YES ☐ NO

CHECK IF ONE OF THE FOLLOWING APPLY (If one of the items is checked – Do Not Complete pages 2, 3, or 4.)

- ☐ States his condition no longer prevents him from working
- ☐ Is engaging in SGA
- ☐ Alleges a fracture or burn
- ☐ Is hospitalized
- ☐ Is house confined or unable to leave house unassisted because of a physical impairment
- ☐ Is unable to speak, or to see, or to hear
- ☐ Alleges progressive cancer
- ☐ Has lost a leg because of diabetes or Buergers disease
- ☐ Has lost the use of a leg because of a fractured vertebrae

FORM SSA-401 (8-65)

Enclosed no. 10 (4 pages)

Describe changes in condition since work stopped; current condition (including the symptoms and the limitations imposed by the impairment that keep him from working now); and limitations placed by his physician (e.g., bed rest, special treatment, diet, restricted activity, etc.)

69

At present time pain in back almost constant rt shoulder & arm, left hand, both knees, neck. Cant raise rt arm above shoulder, fingers of left hand becoming deformed. Dr told her not to work. Pt told her to be as active as possible, takes medication for pain & a sedative for sleeping. Has difficulty sleeping because of pain

II

PRO-GRESSION AND CURRENT CONDITION

Describe living arrangements and activities in a typical day. Include the amount of assistance the claimant requires in caring for personal needs.

Lives with husband. Does light housework. Husband does most of housework. Needs assistance bathing & dressing.

DO NOT WRITE IN MARGIN

CHECK IF ONE OF THE FOLLOWING APPLIES *(If one of the items is checked – Omit Section III, Proceed to Section IV.)*

- ☐ 3 months after stroke claimant has weakness of 2 limbs, or severe speech or memory defect with marked loss of use of one limb
- ☐ Arthritis with gross deformity of 2 or more limbs
- ☐ Parkinson's disease with marked tremors or propulsive gait
- ☐ Multiple sclerosis with staggering gait, marked tremors or visual difficulties
- ☐ Other severe, observable limitations *(Describe under Observations (Section IV).)*

III

VOCATIONAL DESCRIPTION

A. PRINCIPAL JOB *(In 15 years before onset)*

JOB TITLE	APPROXIMATE DATES WORKED
Homemaker	1955 - 3/65

TYPE OF BUSINESS OR INDUSTRY	HRS./DAY	DAYS/WEEK	RATE OF PAY
private homes	10-12	3-5	$1.25 PER hr.

B. PHYSICAL DEMANDS

1. Lifting	[X] YES [ ] NO	How much in lbs.?	How often? How high?
2. Carrying	[X] YES [ ] NO	How much in lbs.?	How often? How far?
3. Pushing/pulling	[ ] YES [ ] NO	How much in lbs.?	How often? How far?
4. Standing	[X] YES [ ] NO	How much time/day?	
5. Walking	[X] YES [ ] NO	How much time/day?	
6. Sitting	[X] YES [ ] NO	How much time/day?	
7. Climbing	[X] YES [ ] NO	How high?	How often?
8. Stooping, bending and/or kneeling	[X] YES [ ] NO	How often and/or how long?	

C. JOB DUTIES *(Describe in specific terms the claimant's duties in a typical workday)*

1959-3/65 Went into homes for home care. Usually where a mother in need of bed care, Supervised Children, Prepared meals, Did some housework, Bed care - bath patient, Change patients clothes change bedding as needed Assisted patient with personal needs.

Has worked previously as a Domestic, retail clerk in Woolworths, Domestic in private institution (Mayo St Rochester)

D. WORKING CONDITIONS *(Check appropriate blocks – describe items checked)*

[ ] Dust [ ] Noise [ ] Exposure to Elements [ ] Extremes in Temperature [ ] Work Pressure [ ] Dampness [ ] Other

E. REQUIRED SKILLS *(Describe all "Yes" answers)*

1. Did job require special skills (e.g., blue print reading, use of tools or machinery)? [ ] YES [X] NO
2. Training required? [X] ON THE JOB [ ] APPRENTICE [ ] CLASSROOM
3. Did job require supervising the activities of others? Describe length and type. [ ] YES [X] NO

III

VOCATIONAL DESCRIPTION

(Cont'd)

F. OTHER JOBS

1. Did claimant's last job after onset involve an occupation different from principal job? ☐ YES ☐ NO

If "Yes," describe, e.g., physical demands, conditions, required skills, job duties, etc. Do not describe jobs of less than one months duration.

71

2. List by job titles and approximate dates worked, other occupations held in 15 years before onset.

NOTE: If claimant is (a) age 55 or older, and (b) had no more than 6th grade education, and (c) performed only arduous unskilled labor 15 years before onset, list all job titles and dates since work began.

I was unable to obtain specific info. She could not give dates, appears to be reading at 4th G.L. as domestic, retail clerk

IV

OBSERVATIONS

A. PHYSICAL DESCRIPTION *(Describe all "Yes" answers)*

1. Did claimant display difficulty with any of the following:

Walking	☐ YES ☒ NO	Hearing	☐ YES ☒ NO	Breathing	☐ YES ☒ NO
Speaking	☐ YES ☒ NO	Use of hands and arms	☐ YES ☒ NO	Sitting	☐ YES ☒ NO
Sight	☐ YES ☒ NO			Other	☐ YES ☒ NO

Describe all "Yes" answers and claimant's general appearance.

DO NOT WRITE IN MARGIN

B. INTERVIEWER'S IMPRESSIONS

1. Did claimant display difficulty with any of the following? *(If "Yes," describe)*

Reading	☐ YES ☒ NO	Writing	☐ YES ☒ NO	Comprehending	☐ YES ☒ NO
Responding	☐ YES ☒ NO	Language	☐ YES ☒ NO		

2. Circumstances surrounding interview

Middle finger left hand smaller + deformed

EXHIBIT 10

(If additional space is needed, use Form OAC-5002)

GPO 1965 O—764-765

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R0554

REPORT OF DISABILITY INTERVIEW
(Write Legibly)

OFFICE: Rochester A
DATE: 12/2/68
CONTACT MADE: [Y] IN PERSON [ ] TELEPHONE
PLACE OF CONTACT: [ ] DO [ ] CS [Y] HOME [ ] OTHER 72

ACCOUNT NUMBER	CLAIMANT'S NAME	WAGE EARNER'S NAME (If not the claimant)
118-03-2155	Lorrie M. Williams	

PERSON(S) CONTACTED [Y] CLAIMANT [ ] OTHER (If other, show name, address and relationship to a claimant.)

NATURE OF INJURY OR ILLNESS	CURRENT AGE	HIGHEST GRADE COMPLETED	OTHER TRAINING
osteo-arthritis	52	11	None

JOB TITLE (Principal occupation)	TYPE OF BUSINESS OR INDUSTRY	INTERVIEWER'S SIGNATURE	
Serving Staff	Duff Diner	RD Stone	[ ] CR [X] FR [ ] OTHER

1. ONSET OF IMPAIRMENT	a. DATE INJURY OR ILLNESS FIRST BOTHERED CLAIMANT	b. DATE CLAIMANT STOPPED WORKING	c. AOD
	1960	8/2/68	6/67

Describe effect of impairment on work when condition first bothered claimant.
- Symptoms
- Job duties
- Working conditions
- Attendance

Started to have pains in 1960. Took treatments. Pain got worse and movement of knees. Started to have falling spells & was afraid to walk. Diagnosed that her she had arthritis about 1965. Has working most of the time under medication. Did work in Feb 67 but never able to hold a regular job. Did get some unemployment insurance in early 67 when out of work.

Describe significant changes (with dates) until work stopped.
- Symptoms
- Job duties
- Working conditions
- Attendance

Give claimant's reasons for stopping work.

Job at Hutchins was a Temp job only. Unable to do any heavy lifting & had to leave seek job.

Explain if AOD later than date claimant stopped work.

Has claimant worked since the alleged onset date? (If "Yes," complete Form OA-D821.) [Y] YES [ ] NO

If any apply, the decision will most likely rest on the medical reports or SGA.

CHECK ANY OF THE FOLLOWING THAT APPLY (If any of the items are checked—Do Not Complete pages 2, 3, or 4.)

- [ ] Is engaging in SGA
- [ ] Alleges progressive cancer
- [ ] Has lost a leg because of diabetes or Buergers disease
- [ ] Is hospitalized for a condition related to the alleged disability
- [ ] Is unable to speak, or to see, or to hear
- [ ] Has lost use of a leg because of a fractured vertebrae
- [ ] Loss of use of at least two limbs

FORM SSA-401 (12-67) (If Additional Space is Needed, Use Form OAC-5002)

EXHIBIT 11 (3)

II. PROGRESSION OF CONDITION

Have there been any changes in symptoms, physical limitations, or activities since work stopped? [X] Yes [ ] No

73

Condition has been getting worse. Can't see to navigate.

If yes, describe all changes in condition (with dates) since work stopped.

III. EFFECTS OF CURRENT CONDITION

Has hardening of arteries of the eyes. Not steady on her feet. Her general condition seems to be going down. Has an infection in the urine now. Hasn't been taking any medication for the past couple years.

Describe current condition
- Symptoms—Type, frequency, severity
- Normal Activity limitations
- Other limitations

Physician placed limitations
- Bed rest
- Special therapy
- Diet
- Restricted activity
- Etc

IV. DAILY ACTIVITIES

Doesn't cook when she can. Lives with husband who works. Husband does all housework. Never gets out.

Describe activities of a typical day
- Physical
- Mental
- Contact with others

Describe assistance required in caring for personal needs

Describe current living arrangements

CHECK ANY OF THE FOLLOWING THAT APPLY *(If any of the items are checked—Complete Observations (Section VII) and Omit Sections V and VI Only)*

- [X] Is house confined because of a physical impairment
- [ ] 3 months after stroke claimant has weakness of 2 limbs, or severe speech or memory defect with marked loss of use of one limb
- [ ] Arthritis with gross deformity of 2 or more limbs
- [ ] Parkinson's disease with marked tremors or propulsive gait.
- [ ] Multiple sclerosis with staggering gait, marked tremors or visual difficulties
- [ ] Other severe, observable limitations *(Describe under Observations (Section VII).)*

If any apply, a description of the impairment and observations are needed to supplement the medical reports.

(If Additional Space Is Needed Use Form OAC–5002)

V. WORK EXPERIENCE

List all types of jobs held in 15 years before onset
- Job title
- Approximate dates worked

List all job titles and dates worked since claimant began working where claimant
- Is age 55 or older, and
- Has 6th grade education or less, and
- Performed only arduous unskilled labor

Did claimant's last job before onset involve an occupation different from the principal job? ☐ Yes ☐ No
(If "Yes" describe in Section VI of a separate SSA-401.)

VI. PRINCIPAL JOB (*Vocational Description*)

A. JOB IDENTIFICATION

APPROXIMATE DATES WORKED	HRS / DAY	DAYS WEEK	RATE OF PAY OR AVERAGE EARNINGS
			$ PER

B. PHYSICAL DEMANDS

Describe each "Yes" item in terms of:
- Weight
- Distance
- Time
- Frequency
- Etc.

1. Lifting	☐ YES	☐ NO	How much in lbs? ____ How often? ____ How High? ____
2. Carrying	☐ YES	☐ NO	How much in lbs? ____ How often? ____ How far? ____
3. Pushing/pulling	☐ YES	☐ NO	How much in lbs? ____ How often? ____ How far? ____
4. Standing	☐ YES	☐ NO	How much time/day? ____
5. Walking	☐ YES	☐ NO	How much time/day? ____
6. Sitting	☐ YES	☐ NO	How much time/day? ____
7. Climbing	☐ YES	☐ NO	How high? ____ How often? ____
8. Stooping, bending and/or kneeling	☐ YES	☐ NO	How often and/or how long? ____

Use space for narrative description of physical demands where:
- Items above are not appropriate
- Supplemental description of item(s) would be helpful (e.g., human or machine assistance required to move heavy weights.)

9. Describe arm and hand manipulation in terms of (1) degree of coordination needed, (2) whether movements are gross or fine, (3) how often, and (4) how long.

10. Driving ☐ YES ☐ NO How often and/or how long?

(If Additional Space Is Needed, Use Form OAC-5002)

VI PRINCIPAL JOB (Vocational Description) – continued

C WORKING CONDITIONS

☐ Dust ☐ Noise ☐ Exposure to Elements ☐ Extremes in Temperature ☐ Work Pressure ☐ Dampness
☐ No adverse working conditions ☐ Other

Describe each item checked except "No adverse working conditions"

D JOB DUTIES

Describe fully each of the duties performed by the claimant in a typical day, including the amount of supervision received

1. Training–other than on-the-job received ☐ Yes ☐ No
2. Special qualifications or skills required ☐ Yes ☐ No
3. Supervision of others required ☐ Yes ☐ No

E REQUIRED SKILLS

Describe all "Yes" answers fully

VII. OBSERVATIONS

Sight	☐ Yes	☒ No	Hearing	☐ Yes	☒ No	Comprehending	☒ Yes ☐ No
Reading	☐ Yes	☒ No	Use of hands and arms	☐ Yes	☒ No	Breathing	☐ Yes ☒ No
Responding	☒ Yes	☐ No	Writing	☐ Yes	☒ No	Sitting	☒ Yes ☐ No
			Speaking	☒ Yes	☐ No	Walking	☒ Yes ☐ No
						Other	☐ Yes ☒ No

Check each item to the left to indicate whether or not any difficulty was observed

Talked on a low but light modulated level. Had a crying spell. Her voice was rather dreary.

Hasn't driven a car in 4-5 years

Her memory was poor. Noticeably on her feet. Was reclining on the davenport during the interview.

Has to hold onto furniture while walking.

Describe fully
- General appearance
- Behavior
- Outward attitude
- Circumstances surrounding the interview
- ALL ITEMS CHECKED "YES."

EXHIBIT 11

(If Additional Space is Needed, Use Form OAC-5002.)

BEST COPY AVAILABLE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

Form Approved 76
Budget Bureau No. 72-R529.3

WORK ACTIVITY REPORT

(To be used in all cases of work after alleged onset and continuing disability investigations involving work activity.)

This report covers period from 4/67 to present

NAME OF WAGE EARNER (IF DISABLED CHILD FILING)

SOCIAL SECURITY NUMBER

NAME OF DISABLED INDIVIDUAL
Cerrie Kremer

SOCIAL SECURITY NUMBER
118-03-2155

1 TITLE OF JOB
companion.

NAME AND ADDRESS OF EMPLOYER
Mrs Edmund Lyle
374 Stanford
Rochester, NY 14619

WAGES (INCLUDING TIPS, PAYMENTS IN KIND)
STARTING $5 PER week
ENDING $5 PER week

DATE OF EMPLOYMENT
FROM 7/5/68 TO 8/h/68

AVERAGE HOURS WORKED PER DAY: 10
AVERAGE HOURS WORKED PER WEEK: 50

2 DATE OF SELF-EMPLOYMENT
FROM: _____ TO _____

TYPE OF TRADE, BUSINESS, FARM

SOLE OWNER
PARTNER

AVERAGE HOURS WORKED PER DAY

AVERAGE HOURS WORKED PER WEEK

MONTHLY EARNINGS
GROSS:
NET:

HOW EARNINGS COMPUTED

NO. OF PERSONS EMPLOYED

IF TRADE OR BUSINESS
VALUE OF INVENTORY

FARM

ACRES CULTIVATED	IN PASTURE	TYPE OF CROPS	TYPE AND SIZE OF FLOCKS, HERDS

3 DESCRIBE DUTIES PERFORMED IN AN AVERAGE WORK DAY. IF "MADE" WORK ALLEGED, CORROBORATION IS NEEDED

Took care of a 91 year old woman. Had to take care of her demands. Had to push her around in the wheel chair. Had to assist her in the bathroom. Worked 7AM - 5PM. Made her meals, did laundry for her, etc.

4 DESCRIBE SPECIAL SKILLS, TRAINING, KNOWLEDGE REQUIRED, ANY MENTAL OR PHYSICAL DEMANDS

Had been a practical nurse at one time. Wasn't able to do the heavy work. She was senile & had to just wipe, etc.

FORM OA 0821
(3-63)

EXHIBIT NO. 12 (3 pages)

5. DESCRIBE EFFECTS OF IMPAIRMENT ON QUALITY OF WORK, PRODUCTIVITY, LOSS OF TIME FROM WORK (GIVE DATES), ANY SUBSTANTIAL CHANGES IN DUTIES OR EARNINGS, WITH REASON, EXTENT, DATES

Could not continue as the work was too hard.

6. DESCRIBE ANY SPECIAL CONDITIONS ARRANGED BY EMPLOYER: ASSISTANCE, REST PERIODS, IRREGULAR HOURS, EMPLOYED ON TRIAL BASIS, ETC., PRACTICE OF EMPLOYER IN REGARD TO EMPLOYING HANDICAPPED UNDER SPECIAL CONDITIONS, IF SHELTERED CONDITIONS ALLEGED, CORROBORATION IS NEEDED

None

7. IF ASSISTANCE RECEIVED, GIVE:

A. RELATIONSHIP OF ASSISTANT(S) None

B. HOURS PER DAY WORKED BY ASSISTANT(S) None DAYS PER WEEK

C. DUTIES OF ASSISTANT(S) INCLUDING EXTENT OF RESPONSIBILITY FOR QUANTITY AND QUALITY OF WORK AND FOR SUPERVISION OF ALL SERVICES

8. DESCRIBE SUPERVISORY RESPONSIBILITIES, IF EMPLOYED: NO. AND TYPE OF EMPLOYEES SUPERVISED
DESCRIBE RESPONSIBILITIES FOR MANAGEMENT DECISIONS, IF SE: HIRING, PURCHASE OF MERCHANDISE, LIVESTOCK, EQUIPMENT, EXPANSION OR REDUCTION OF ENTERPRISE, ETC

None

BEST COPY AVAILABLE

9. IF SERVICES RECEIVED FROM ANY REHABILITATION AGENCY, GIVE:

A. NAME, ADDRESS OF AGENCY Nil

B. DATE(S) SERVICES RECEIVED

C. DESCRIPTION OF SERVICES RECEIVED: MEDICAL EXAMINATION OR TREATMENT, COUNSELING, TRAINING, PLACEMENT, ETC

10. WHAT WAS RATE OF PAY FOR OTHERS DOING THE SAME WORK FOR SAME EMPLOYER? Same PER

FOR OTHER EMPLOYERS IN THE AREA? Same. PER IF "SUBSIDY" ALLEGED, CORROBORATION IS NEEDED.

11. IF WORK (OR SE) HAS ENDED, GIVE REASON. INCLUDE INFORMATION ON CONTINUANCE OF EMPLOYMENT RELATIONSHIP (IS JOB BEING HELD OPEN, IS SICK LEAVE BEING GRANTED, ETC.), IF EMPLOYED; ON CONTINUANCE TO SHARE IN PROFITS OR LOSSES, IF SE

Left because work was too difficult.

12. HOW WAS JOB OBTAINED: THROUGH FRIEND, RELATIVE, NEWSPAPER AD, EMPLOYER IS RELATIVE, FRIEND, ETC

It was in the area newspaper (Pennysaver)

13. REMARKS

Husband drafted her off in the AM
& picked her up in the PM.

EXHIBIT 12

SIGNATURE	TITLE	DATE
RD Sawyer	FR	12/3/68

U.S. GOVERNMENT PRINTING OFFICE 1968 O—295-321

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved
Budget Bureau No. 72-R247.14

To process an application for social security benefits, we need a statement of the wages you paid to the individual named below *(and any cash tips reported by him to you)* for the periods checked. Please give this information even if you have recently reported these wages on tax returns sent to the Internal Revenue Service. Because of the time needed to handle these reports of wages for millions of employees, your return may not yet be readily available to the Social Security Administration. Your cooperation in promptly filling out and returning this statement will help in making an early and accurate decision in this case. An envelope that requires no postage is enclosed for your use. *(The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)*

Graflex Inc
3750 Monroe Ave
Rochester, N Y 14603

Enclosure

In replying, Address: SOCIAL SECURITY ADMINISTRATION
107 CLINTON AVENUE NORTH
ROCHESTER, NEW YORK 14604

TELEPHONE 325-6640 | DATE 1/3/69

DISTRICT MANAGER Joseph M Tomaino

STATEMENT OF EMPLOYER

1. This is to certify that wages in the amounts shown have been PAID during the period(s) checked below to—

NAME OF WAGE EARNER: Cervia M Wiener

SOCIAL SECURITY ACCOUNT NUMBER: 118-03-2155

ADDITIONAL IDENTIFYING INFORMATION *(To be completed by Social Security Administration when applicable)*

See revers e side

2. Include the value of all remuneration *(exclusive of tips)* before withholding of tax whether paid in cash or kind. However, show only the amount of cash wages paid for services performed in a private home as a domestic or in work not in the course of the employer's trade or business. If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." *If this wage earner reported cash tips received in connection with his employment for you, complete item 13 on the back of this form.* If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

PERIOD	WAGES PAID YEAR 19 67	WAGES PAID YEAR 19	WAGES PAID YEAR 19	WAGES PAID YEAR 19
January 1–March 31, inclusive	☐ $ 89.05	☐ $	☐ $	☐ $
April 1–June 30, inclusive	☐ $ 0	☐ $	☐ $	☐ $
July 1–September 30, inclusive	☐ $ 0	☐ $	☐ $	☐ $
October 1–December 31, inclusive	☐ $ 0	☐ $	☐ $	☐ $

ROCHESTER, N.Y. 14604 JAN 7 1969 22108 SSA DISTRICT OFFICE

In item 3 below use specific terms such as file clerk, traveling salesman, maid, plumber, attorney, etc. In item 8 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION: ASSEMBLER

4. BUSINESS NAME OF EMPLOYER *(Type or Print)*: GRAFLEX, INC.

5. EMPLOYER'S FEDERAL IDENTIFICATION NO: 16 0435660

6. STREET ADDRESS OF EMPLOYER: 3750 MONROE AVE

7. CITY: ROCHESTER | STATE: NY | ZIP CODE: 14603

8. NATURE OF BUSINESS: MANUFACTURER OF PHOTOGRAPHIC AND AUDIO VISUAL EQUIP.

9. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM: Charles J Hahn

10. TITLE OF PERSON SIGNING ABOVE: EMPLOYMENT SUPERVISOR

11. TELEPHONE NO. OF INDIVIDUAL COMPLETING FORM: 586-2020

12. DATE THIS STATEMENT FILLED OUT: 1-6-69

FORM SSA-1001 (1-67) (Over)

Claimed M 13 (Range)

13. This is to certify that cash tips in the amounts shown have been reported by the wage earner named on the front of this form during the period(s) checked below. (Enter the amount of tips included in written reports to you by the wage earner *during* the quarter, regardless of whether or not the employee social security tax was withheld. CAUTION–Tip amounts shown below should not be included in the amounts shown in item 2 on the front of this form.)

PERIOD	TIPS REPORTED YEAR 19 ____	TIPS REPORTED YEAR 19 ____	TIPS REPORTED YEAR 19 ____	TIPS REPORTED YEAR 19 ____
January 1–March 31, inclusive	☐ $	☐ $	☐ $	☐ $
April 1–June 30, inclusive	☐ $	☐ $	☐ $	☐ $
July 1–September 30, inclusive	☐ $	☐ $	☐ $	☐ $
October 1–December 31, inclusive	☐ $	☐ $	☐ $	☐ $

REMARKS

1. Were the wages listed on the reverse side of this form reported to the Internal Revenue Service? Yes ✓ No ____

2. If Yes, on what date? 3-31-67 On what page and line number of the report? Page 16, Line 26

3. If No, please state why these wages were not reported.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

SECURITY COPY

Form Approved
Budget Bureau No. 72-R247.14

To process an application for social security benefits, we need a statement of the wages you paid to the individual named below *(and any cash tips reported by him to you)* for the periods checked. Please give this information even if you have recently reported these wages on tax returns sent to the Internal Revenue Service. Because of the time needed to handle these reports of wages for millions of employees, your return may not yet be readily available to the Social Security Administration. Your cooperation in promptly filling out and returning this statement will help in making an early and accurate decision in this case. An envelope that requires no postage is enclosed for your use. *(The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)*

Mylo Mold Corp
111 Ling Rd
Rochester, N Y 14616

Enclosure

In replying, Address: SOCIAL SECURITY ADMINISTRATION
107 CLINTON AVENUE NORTH
ROCHESTER, NEW YORK 14604
81

TELEPHONE 325-6640
DATE 1/3/69
DISTRICT MANAGER Joseph M Tomaino

STATEMENT OF EMPLOYER

1. This is to certify that wages in the amounts shown have been PAID during the period(s) checked below to—

NAME OF WAGE EARNER: Cervia M Wiemer
SOCIAL SECURITY ACCOUNT NUMBER: 118-03-2155

ADDITIONAL IDENTIFYING INFORMATION *(To be completed by Social Security Administration when applicable)*
✓ Please see reverse side

2. Include the value of all remuneration *(exclusive of tips)* before withholding of tax whether paid in cash or kind. However, show only the amount of cash wages paid for services performed in a private home as a domestic or in work not in the course of the employer's trade or business. If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." *If this wage earner reported cash tips received in connection with his employment for you, complete item 13 on the back of this form.* If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

PERIOD	WAGES PAID YEAR 1967	WAGES PAID YEAR 19__	WAGES PAID YEAR 19__	WAGES PAID YEAR 19__
January 1—March 31, inclusive	☑ $ 279.40	☐ $	☐ $	☐ $
April 1—June 30, inclusive	☑ $ 421.98	☐ $	☐ $	☐ $
July 1—September 30, inclusive	☑ $ 259.20	☐ $	☐ $	☐ $
October 1—December 31, inclusive	☑ $ -0-	☐ $	☐ $	☐ $

JAN 15 [illegible] SSA DISTRICT OFFICE

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 8 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION
✓ Machine Operator

4. BUSINESS NAME OF EMPLOYER *(Type or Print)*
✓ NYLOMOLD CORPORATION

5. EMPLOYER'S FEDERAL IDENTIFICATION NO
16-0865463

6. STREET ADDRESS OF EMPLOYER
✓ 111 LING ROAD

7. CITY: ✓ Rochester
STATE: N Y
ZIP CODE: 14612

8. NATURE OF BUSINESS
Manufacturer of Injection Molded Plastic Parts

9. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM
Mary Ellen Carroll

10. TITLE OF PERSON SIGNING ABOVE
✓ Personnel Records

11. TELEPHONE NO. OF INDIVIDUAL COMPLETING FORM
621-8220

12. DATE THIS STATEMENT FILLED OUT
Jan. 10, 1969

FORM SSA-1001 (1-67)

(Over)

Entered Item 13 (2 pages)

13. This is to certify that cash tips in the amounts shown have been reported by the wage earner named on the front of this form during the period(s) checked below. (Enter the amount of tips included in written reports to you by the wage earner *during* the quarter, regardless of whether or not the employee social security tax was withheld. CAUTION—Tip amounts shown below should not be included in the amounts shown in item 2 on the front of this form.)

PERIOD	TIPS REPORTED YEAR 19___	TIPS REPORTED YEAR 19___	TIPS REPORTED YEAR 19___	TIPS REPORTED YEAR 19___
January 1—March 31, inclusive	☐ $	☐ $	☐ $	☐ $
April 1—June 30, inclusive	☐ $	☐ $	☐ $	☐ $
July 1—September 30, inclusive	☐ $	☐ $	☐ $	☐ $
October 1—December 31, inclusive	☐ $	☐ $	☐ $	☐ $

REMARKS

1. Were the wages listed on the reverse side of this form reported to the Internal Revenue Service? Yes XX No____

2. If Yes, on what date? unknown ** On what page and line number of the report? unknown **

3. If No, please state why these wages were not reported.

** Reported by our Accountants (Mr. Myrl Gelb)

Jay R. Gelb & Co.
405-409 Powers Bldg.
16 Main Street West
Rochester, N Y 14614

EXHIBIT 13

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved
Budget Bureau No. 72-R0595

REPORT OF CONTINUING DISABILITY INTERVIEW
(Write Legibly)

OFFICE	DATE
Rochester NH	4/30/69 83

CONTACT MADE: ☑ IN PERSON ☐ TELEPHONE

PLACE OF CONTACT: ☐ DO ☐ CS ☑ HOME ☐ OTHER

WAGE EARNER'S NAME	ACCOUNT NUMBER	CLAIMANT'S NAME (when claimant is not wage earner)
Conrad M. Wiemer	118-03-2155	

PERSON(S) CONTACTED ☑ CLAIMANT ☐ OTHER (If other, show name, address and relationship to claimant)

INTERVIEWER'S SIGNATURE
K. Spadoni

☑ CR ☐ FR ☐ OTHER

I. MEDICAL CARE AND TREATMENT

Has the claimant been examined, treated, or hospitalized since the last application or last continuing disability investigation? ☑ YES ☐ NO (If "Yes," complete the next item.)

NAME, ADDRESS, AND PHONE OF PHYSICIAN, HOSPITAL OR CLINIC	DATES WHEN CLAIMANT SEEN
Dr. Farrell comes to visit her when she needs him has been to her house 5 x since 12/68	

Identify all sources that have treated or examined the claimant since the last application or continuing disability investigation, whichever is later.

Describe treatment and limitations placed by the claimant's physician.

takes darvocet I tablet after meals & at bedtime
" demerol ~~xxxxxx~~ when needed
" has more

Describe periods of home confinement
- Dates confined
- Causative condition

dr tells her to do what she feels she can do
she only has been out only 2x since 12/68.

II. PROGRESSION OF CONDITION

If yes, describe fully all changes in condition (with dates) since last interview.

Have there been any changes in symptoms, physical limitations, or activities since the last interview? ☑ YES ☐ NO

condition is worse + pain is more intense now

PAGE 1 OF 2 14 (2 pages)

FORM SSA-454 (2-68)

(If Additional Space is Needed, Use Form OAC-5002.)

III. CURRENT CONDITION

has trouble walking, has continual pain

Describe in the words of the claimant how his condition currently interferes with his ability to work.

IV. DAILY ACTIVITIES

usually rests most of day, tries to do a little housework told me when I visited her it took her all morning to get dressed, does very little visiting

Takes care of her own personal daily needs, can't comb her hair as it hard for her put up her arms.

Describe only the activities of a typical day that have changed since they were last reported.
- Physical
- Mental
- Contact with others

Describe assistance required in caring for personal needs.

V. EFFORTS TO WORK – Has the claimant performed any work since the established onset date that is not described in the file? ☐ YES ☒ NO *(If "Yes", complete an OA-D821 for each job)*

VI. VOCATIONAL REHABILITATION – Is the beneficiary being considered for or receiving services from or through the State Vocational Rehabilitation Agency?
☐ YES ☒ NO *(If "Yes," record (1) the name and address of the counselor and servicing office, (2) the type of services being received.)*

VII. OBSERVATIONS – Are the alleged impairment(s) observable? ☑ YES ☐ NO

			Hearing	☐ Yes	☑ No	Comprehending	☐ Yes	☑ No
			Use of hands			Breathing	☐ Yes	☑ No
Sight	☐ Yes	☑ No	and arms	☑ Yes	☐ No	Sitting	☐ Yes	☑ No
Reading	☐ Yes	☑ No	Writing	☑ Yes	☐ No	Walking	☑ Yes	☐ No
Responding	☐ Yes	☑ No	Speaking	☑ Yes	☐ No	Other	☐ Yes	☐ No

Check each item to the left to indicate whether or not any difficulty was observed.

w/f is short & stout, was a little uncooperative, was put out that we denied her & she walks very stiffly leaning on the furniture in her living room, she dusted the phone and complained that all her fingers hurt, she talks slowly and as if she is in pain – she wrote awkwardly

Describe fully
- General appearance
- Behavior
- Outward attitude
- Circumstances surrounding the interview
- All "Yes" checked items above.

(If Additional Space is Needed, Use Form OAC-5002.)

Cevia Marie Wieme
117 Dorsey Road
Rochester, New York 14616

ROCHESTER, N. Y.
JUL 1 1969
21108
SSA DISTRICT OFFICE

Dear Sir;

I am attempting to write to you but my hands are so swollen & pain so, I only hope you can make this out.

I not only have difficulty in walking & using my hands but I cannot sit or stand in one position any length of time. I don't see how your records can indicate that I could possibly work, which is a great disappointment to me as we need my earnings.

I have changed Doctors many times because they don't seem to be able to help me, and Dr Taylor just collected his money and only asked how I was each time. He only took heart & blood pressure one time, and I spent a lot of money while I was supposed to be, being helped by him.

EXHIBIT NO. 15 (3 pages)

Cervia Marie Wiemer
117 Dorsey Road
Rochester, New York 14616

I am going to try to go to the hearing, but if I can't, I'll have someone represent me.

Sincerely;
Cervia M Wiemer

P.S. I have tried to get the extra information to you, but can't get any where with Dr Farrokh, who is in his office very little, doesn't look at X-ray mail until he is ready too - for that matter doesn't talk to you himself unless it's a house call at $17.00 a call which we have always paid, but we can only go so far, as my husband is 65 years old, has diverticulosis + a recent double hernia operation. Dr Farrokh has had this X-rays since Wen - the 25 of June & well on his vacation the week before - Jenist doesn't seem interested over

unless I'm handing him money at his beck & call - with very little in return. He cannot afford this kind of medical treatment, nor do we want it. I'm doing my best to get information to you Tom Time, but they are not very ethical among doctors. But stories that I receive back. If not how happened to our Doctors - patients are more & they're among themselves than you.
more than the word implies - They write what they feel like writing - come to the house - are upset an office call if I'm able to go when they just might happen to be there. So patients versus Doctors cannot get to know each other. They get their information from parties etc - not office calls - or house calls - which is out regards (of) My husband has called Hasrokeh's office & home & answering service to recive the same results.

Doctors do not want to be bothered with anything - unless it (replates) them a fortune. I'm sorry about spelling & writing but my right shoulder plus hand & third finger My line of writing all wrong - or crazy which ever.

Thank you
Cecilia Ulmer

EXHIBIT 15

Cerena Marie Wiemer
117 Dorsey Road
Rochester, New York 14616

Aug 18, 1969

Dear Mr Blatt;

I wish you would be kind enough to let me know why I'm not getting some help from Social Security.

I am unable to walk. I have Madlungs disease, which is a degenerative deformity. I've spent a lot of money sending you x rays, doctors Reports etc. which I can't afford, but you demanded.

I have worked ever since Social Security began & I don't think I'm asking for some thing that I'm not entitled to. My bills (medical) is the reason this money is needed as soon as possible.

16 (2 pages)

Cervia Marie Wiemer
117 Dorsey Road
Rochester, New York 14616

Mr Blatt, I'm writing to you in hopes that you will give this your personal attention.

Sincerely Yours
Cervia M. Wiemer

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R510.7

MEDICAL REPORT
(General)

DATE OF THIS REQUEST: 11/29/65

90

Notice to Physician:
Please include sufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable a reviewing physician to make an independent determination as to the severity and duration of the impairment.

(1) IDENTIFYING INFORMATION (To be completed by Requesting Office)	PATIENT'S NAME	DATE OF BIRTH	SOCIAL SECURITY ACCOUNT NO.
	Cervia [illegible]. Miener	5/30/16	118-03-21[illegible]
	WAGE EARNER'S NAME (If different from patient)	ADDRESS OF REQUESTING OFFICE	
		107 Clinton Avenue North Rochester, New York 14604	

I. HISTORY: *(Give complaints, past and present, clinical course, including therapy and response.)*

Patient was seem by me for the first time on 2/2/65 for cold.
2/12/65 and 3/15/65 for arthritic pain in shoulders, arms and both knees.
3/17/65 throat infection followed by postinfectious asthenia and pain in joints. CBC normal except for hemoglobin(12,5GM).
Iron was prescribed and patient advised to try to work.
Last office visit 4/6/65 and not seen since.
Suffering from rose - and hayfever

[illegible] N. Y.
DEC 2 1965
22103
OASI DISTRICT OFFICE

DATE OF INJURY OR FIRST SIGNS OF ILLNESS	DATE IMPAIRMENT PREVENTED WORK	DATE YOU FIRST EXAMINED PATIENT	FREQUENCY OF VISITS	DATE OF LAST EXAMINATION
2/2/65	3/17/65	2/2/65	when needed	4/6/65

FORM SSA-826 (9-65)

[illegible] 17 (3 pp.)

II. PHYSICAL FINDINGS: Please show all pertinent findings (*with dates*).

HEIGHT	WEIGHT

2/2/65: 101 temp.hoaeseness,BP 170/90,lungs clean
2/12/65and 3/15/65 very nervous,some tenderness and some stiffness in shoulder and knee joints.pulse 100.BP 180/100
4/6/65: pulse 80,BP 150/90,lungs slight wheezing

(OVER)

III. LABORATORY AND SPECIAL STUDIES: Give results with dates. *(Hemoglobin, Hematocrit, Sedimentation rate. Cerebrospinal fluid, Blood chemistry, Urinalysis, Sputa (smear, culture), Serology, X-rays, Electrocardiogram, Liver function, Bronchoscopy, Myelogram, Biopsy, Pulmonary function, Renal function, Psychometric, etc.)*

2/8/65 chest x-ray Ralph Alexander,MD: tendency toward pulmonary emphysema with an occasional fibrous strand at each base.
4/7/65 CBC normal values except for hemoglobin 12.5 GM
2/2/65 urinalysis: negative findings

93

IV. DIAGNOSES:

1. Pulmonary emphysema,frequent colds,pollinosis
2. Osteoarthritis
   Nervousness
3.

EXHIBIT 17

REPORTING PHYSICIAN'S NAME AND ADDRESS	SIGNATURE	TITLE
Joseph Karp,M.D.		M.D.
	TELEPHONE NUMBER NO3- 7684	DATE 12/1/65

U.S. GOVERNMENT PRINTING OFFICE 1965 O - 787-738

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R510.7

MEDICAL REPORT
(General)

DATE OF THIS REQUEST: 11/29/65

94

Notice to Physician:
Please include sufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable a reviewing physician to make an independent determination as to the severity and duration of the impairment.

(1) IDENTIFYING INFORMATION (To be completed by Requesting Office)	PATIENT'S NAME	DATE OF BIRTH	SOCIAL SECURITY ACCOUNT NO.
	Corvia M. Miener	5/30/16	118-03-2155
	WAGE EARNER'S NAME (If different from patient)	ADDRESS OF REQUESTING OFFICE	
		107 Clinton Avenue N. Rochester, New York 14604	

I. HISTORY: *(Give complaints, past and present, clinical course, including therapy and response.)*

This patient has been to my office ~~three~~ two times as follows..

(1). 8/30/65 - Complete Physical Examination. At this time her Complaints were those of Pain in the Rt Shoulder with Radiation to Head & neck. She had been Seen by several physicians previously & been treated with a number of medications She told me that Doriden helped her symptoms but Librium did not. She Stated that She had been unable to work Since Mar 18 1965.

RECEIVED
DEC 4 1965
22109
CASE DISTRICT OFFICE

DATE OF INJURY OR FIRST SIGNS OF ILLNESS	DATE IMPAIRMENT PREVENTED WORK	DATE YOU FIRST EXAMINED PATIENT	FREQUENCY OF VISITS	DATE OF LAST EXAMINATION
All	Contained in	report above.		

FORM SSA-826 (9-65)

10 (4 pages)

II. PHYSICAL FINDINGS: Please show all pertinent findings (with dates).

HEIGHT	WEIGHT
	112 lb

Physical Examination was within normal limits except for BP of 170/90 - 100 + Tenderness over the Rt Sub Deltoid Area.

X Ray Reports were available which was as follows:

Chest 2/16/65 - Tendency to Pulmonary fibrosis + Emphysema.

Cervical Spine Date? "Minimal degenerative changes.

My Initial Diagnosis is as follows

(1) Anxiety State

(2). Rt Sub Deltoid Tendonitis

(3) Mild Essential Hypertension

(4). Pulmonary Emphysema (by X Ray).

BEST COPY AVAILABLE

She was started on Butazolidin
& Valium & seen again On Oct 1 1965

& reported that She thought
(1) Valium Helped
(2) Butazolidin was of no help
(3) She Had tried to return to
work but was "unable"

Her Routine was changed to
Substitute Indocin for Valium
at this time.

It is difficult to certify her as
disabled from my 2 visits with her.
However She probably is not able
to perform her usual job as a
Homemaker (mothers helper) due
to anxiety & her muscular Skeletal
Symptoms. I don't doubt that

(OVER)

III. LABORATORY AND SPECIAL STUDIES: Give results with dates. (Hemoglobin, Hematocrit, Sedimentation rate. Cerebraspinal fluid, Blood chemistry, Urinalysis, Sputa (smear, culture), Serology, X-rays, Electrocardiogram, Liver function, Bronchoscopy, Myelogram, Biopsy, Pulmonary function, Renal function, Psychometric, etc.)

97

She is physically capable of doing some type of work, but emotionally she may be unable to adapt to any new position

IV. DIAGNOSES:

1.
2.
3. As above

EXHIBIT 18

REPORTING PHYSICIAN'S NAME AND ADDRESS	SIGNATURE	TITLE
Robert C McVeigh MD 26 S. Goodman	Robert C McVeigh	M.D.
	TELEPHONE NUMBER CR 5-8309	DATE 12/3/65

U.S. GOVERNMENT PRINTING OFFICE 1965 O - 787-738

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved
Budget Bureau No. 72-R510.7

MEDICAL REPORT
(General)

DATE OF THIS REQUEST: 98 1/13/69

Notice to Physician:
Please include sufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable a reviewing physician to make an independent determination as to the severity and duration of the impairment.

(1) IDENTIFYING INFORMATION (To be completed by Requesting Office)	PATIENT'S NAME: Cora M. Williams	DATE OF BIRTH: 5/30/10	SOCIAL SECURITY ACCOUNT NO: 093-21-53[illegible]
	WAGE EARNER'S NAME (If different from patient):	ADDRESS OF REQUESTING OFFICE: 107 Chilton Avenue North, Rochester, New York 14604	
	NAME OF DOCTOR: Dr. Feinstein		

I. HISTORY: (Give complaints, past and present, clinical course, including therapy and response.)

I have seen and examined this patient in her house three times, mainly for symptoms and signs of ordinary flu and common cold. She has moderate degree of degenerative arthritis of various joints, but I have not found any evidence of articular or musculo muscular disfunction. She appears to have great deal of Psycho-Somatic problems. I have no lab data on this patient and I have not been able to convince her to come to the office for physical examination.

DATE OF INJURY OR FIRST SIGNS OF ILLNESS	DATE IMPAIRMENT PREVENTED WORK	DATE YOU FIRST EXAMINED PATIENT	FREQUENCY OF VISITS	DATE OF LAST EXAMINATION
		Dec 1968	Three Visits in two years	1-9-69

FORM SSA-826 (7-67)

EXHIBIT 19

EXHIBIT NO. 19 (cont'd)

II. PHYSICAL FINDINGS: Please show all pertinent findings (*with dates*).

HEIGHT	WEIGHT

See first page

II. PHYSICAL AND OTHER FINDINGS: (Continued)

.00

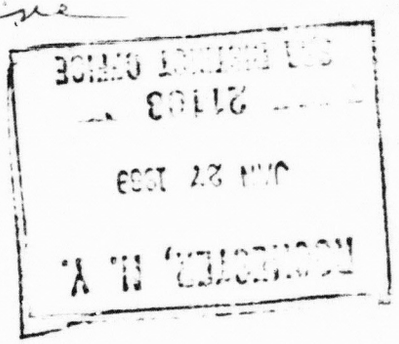
See first page

(OVER)

III. LABORATORY AND SPECIAL STUDIES: Give results with dates. (Hemoglobin, Hematocrit, Sedimentation rate. Cerebrospinal fluid, Blood chemistry, Urinalysis, Sputa (smear, culture), Serology, X-rays, Electrocardiogram, Liver function, Bronchoscopy, Myelogram, Biopsy, Pulmonary function, Renal function, Psychometric, etc.)

.01

none



IV. DIAGNOSES:

1. Degenerative osteoarthritis
2. Four episode of Comon cold and flu
3. anxiety and neurosis

EXHIBIT 19

REPORTING PHYSICIAN'S NAME AND ADDRESS	SIGNATURE	TITLE
A. FARROKH, M.D. 2080 Ridge Rd West Roch. N.Y. 14626	F. Farrokh	M.D.
	TELEPHONE NUMBER 225-1260	DATE 1-19-69

U. S. GOVERNMENT PRINTING OFFICE: 1967 O - 272-610

TELEPHONES: Office 473-2230
Res. 473-5624

BENJAMIN POLLACK, M.D.
2300 ELMWOOD AVENUE
ROCHESTER, NEW YORK 14618

BENJAMIN POLLACK, M.D.
ROCHESTER, N.Y. 14620

BY APPOINTMENT ONLY

102

March 12, 1969

Joseph J. Oliva, M. D.
Chief Medical Consultant
Bureau of Disability Determinations
110 William Street
New York, New York 10038

Re: Cervia M. Wiemer
117 Dorsey Road
Rochester, N.Y. 14616

Soc. Sec. No. 118-03-2155

Dear Dr. Oliva:

This patient was seen on March 10, 1969 for psychiatric evaluation in my office. This woman had apparently stated that she could not come to the office but she called quickly for an appointment immediately after she had received the notification and she was brought to my office by her husband without any difficulty whatsoever.

She walked into the office fairly freely and displayed no difficulties in walking but later on, in the interview, she gave me complaints of many types. She is a fairly well-nourished, well-dressed woman who showed no signs of disability. She frequently laughed and joked and seemed to be at ease as she initiated much conversation. She is spontaneous, coherent and relevant. She is well oriented for time and place and she does not seem tired or fatigued and enjoys talking about herself.

She states that she has tried to work periodically but last worked at Nylomode, doing machine work on plastics, where she had worked for nine months. She remarks they had a slack period and then she worked for four weeks in between this period and then tried to go back but couldn't.

She claims that she was always an ambitious woman and it bothers her that she can't keep up with the work and her husband has to do some of her work and periodically take time off from his work. She claims that his employers are understanding people and realize that she is very sick.

She gives me a whole series of symptoms such as she can hardly sleep two hours a night and that she has had barely six hours of sleep in the last three days because she has such joint pains and swelling, she can't get up, she falls or drops things and her joints are particularly painful and swollen in her knees, her spine, the right shoulder and she has constant headaches at the back of her head. This is said with much dramatic emphasis.

She also points out that she has pain in her fingers and that these are a little better today. She has to hold up, she remarks, one arm while she shaves and this is particularly embarrassing to her as she is always a neat and fastidious person. She can't

Claim No. 20 (4 pages)

iron because she claims she can't hold the iron with her right hand where her pain is much worse. She has been on disability now for 26 weeks. It is noted that there is no swelling in her right hand, no sign of interference with function or sign of arthritis, deformity, swelling or joint pain. The left hand shows an injury to her second finger due to a fracture and resulting partial flexion deformity which she passes off very lightly.

She states that she would like to work and is so upset because she has not been able to be her usual ambitious self and in addition, she is anxious because she has piled up such huge bills to her pharmacist who has been so patient about supplying her with medication.

She talks freely, she does not cry, there is no agitation, no distress. As a matter of fact, she seems quite lively and jovial. She remarks that she does not cry even when things pile up but she gets tense and anxious but not particularly depressed. She normally is a neat person she claims and in the winter months or during rainy times, she suffers severely so that she has to stay in bed, sometimes a day or two, and is unable to navigate whereas with the warm weather, she may be much better and feel alright for days.

She apparently has had two children, a boy and a girl, and she had a hysterectomy in 1960. She claims that she never had problems in her life, in her marriage, she tries to go shopping with her husband and he solicitously keeps the car close to the driveway and helps her in but sometimes she cannot even get out of the car because her knees and back start up with terrific pains so she asks him to take her home.

In addition, her heart frequently starts pounding and she can't get her breath. She will walk as far as she can and then sit down. She remarks also that at times, she has pain in her chest and recently, she had three house calls by her doctor because there was so much congestion in her lungs and her chest and her mother died of pneumonia and she is afraid that she might have such complications as she had pneumonia last year.

Her usual weight is 100 to 105 and she has now gone up to 120 pounds. Repeatedly, she states how difficult it is to give up cigarettes but her doctor told her she would have to do so for her lungs and laryngitis.

She remarks that at times if she tries to walk, she falls on her knees, that her back swells and that she gets agonizing pain. She uses a heating pad or her husband puts her in hot water and massages her back and eventually she gets better.

She has been on Indocin for sometime. She stopped her Darvon because of nausea. She tried to sleep with Doriden but could only sleep two hours and the last time, she told her doctor and he gave her an injection so she could sleep. She has had no trouble with her stomach and she remarks this is so because she is a careful eater.

Her first husband died one year ago. He was an alcoholic and he choked to death. Her husband also had carcinoma of the

rectum and many things wrong with him and she had a very unhappy life with him and was divorced from him 20 years ago, because he lived with other women. She has remained in her present house and was married 15 years ago to a man who is now 65 and many years her senior. She seems happy with him as he is very helpful to her and is sympathetic to her illness.

Her blood pressure today is 150/100, is regular. There is no evidence that I could find of any particular heart disease. She shows voluntary splinting of her back and her right arm when it is in motion. She won't allow me to lift her right arm much as she claims that it will begin terrific pain. In a similar way, she adds if she bends forward that she will be in serious difficulty. However, she does go through these maneuvers and her muscles tense up but when I can distract her, she loses her splinting, both in the back and her arm.

She claims that a week before her first husband died, he came to her and asked for her forgiveness as he stated his conscience was bothering him.

This woman, although she complains of innumerable pains and disabilities, walks quite freely out of my office without any disturbance in gait or any sign of the marked disability which she claims. She is comfortable, jokes and goes up and down the stairs with only a difficulty when this is pointed out to her.

DIAGNOSIS: Conversion Hysteria.

She is considered competent.

Very truly yours,

BENJAMIN POLLACK, M. D.
QUALIFIED NEUROPSYCHIATRIST

BP:ddb

(NOTICE:

Supplementary Medical Data
(9/67) CE-400

105

TO: Benjamin Pollack M.D.

Claimant Cervia M. Wiemer

A/N 118-03-2155

The claimant has a poor memory, is not steady on her feet, has to hold on to furniture while walking. She does not go out of the house. Her treating physician has been unable to get her to come to his office for physical examination. Treating physician indicates anxiety and neurosis.

EXHIBIT 20

☐ Over Please

#11 764 D2/26 2/28 ML:emc 10

State of New York - Department of Social Services
Bureau of Disability Determinations
110 William Street, New York, N.Y. 10038

4

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved
Budget Bureau No. 72-R510.7

MEDICAL REPORT
(General)

DATE OF THIS REQUEST: 10A 5/1/69

Notice to Physician:
Please include sufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable a reviewing physician to make an independent determination as to the severity and duration of the impairment.

(1) IDENTIFYING INFORMATION (To be completed by Requesting Office)	PATIENT'S NAME	DATE OF BIRTH	SOCIAL SECURITY ACCOUNT NO.
	Cervia M. Wiemer	5/20/16	118-03-2155
	WAGE EARNER'S NAME (If different from patient)	ADDRESS OF REQUESTING OFFICE	
	NAME OF DOCTOR: Dr A. Farrokh	107 CLINTON AVENUE NORTH ROCHESTER, NEW YORK 14604	

I. HISTORY: *(Give complaints, past and present, clinical course, including therapy and response.)*

I have seen this patient on several occasions in her house since Dec. 1968 Her main Complaints has been pain and weakness all over her body and. Stating that she is not able to walk or do anything because of Pain.
I have not followed or treated this patient before above mentioned time, but apparently She has been healthy all her life until recent years

ROCHESTER, N. Y.
MAY 8 1969
21108
SSA DISTRICT OFFICE

DATE OF INJURY OR FIRST SIGNS OF ILLNESS	DATE IMPAIRMENT PREVENTED WORK	DATE YOU FIRST EXAMINED PATIENT	FREQUENCY OF VISITS	DATE OF LAST EXAMINATION
About 2 yrs	?	Dec. 1968	once monthly	4-9-69

FORM SSA-826 (7-67)

EXHIBIT NO. 21 (3 pgs.)

II. PHYSICAL FINDINGS: Please show all pertinent findings (with dates).

HEIGHT	WEIGHT

in Several occasions that I Saw this patient in her house, all Physical findings were non-Specific BP 160/80 no deformity of joints, muscle atrophy or neurological abnormalities to substantiate this patient's subjective Complaints. Since this patient has rejected to come to the office for thorough Physical examination of course I do not have any labrotory data, nor do I know her height and weight

III. LABORATORY AND S.'ECIAL STUDIES: Give results with dates. (Hemoglobin, Hematocrit, Sedimentation rate. Cerebrospinal fluid, Blood chemistry, Urinalysis, Sputa (smear, culture), Serology, X-rays, Electrocardiogram, Liver function, Bronchoscopy, Myelogram, Biopsy, Pulmonary function, Renal function, Psychometric, etc.)

None

IV. DIAGNOSES:

1. Osteoarthritis, Degenerative
2. Anxiety and neurosis
3.

EXHIBIT 21

REPORTING PHYSICIAN'S NAME AND ADDRESS	SIGNATURE	TITLE
A. Farrokh, M.D. 2080 Ridge Rd West Rochester N.Y. 14626	A. Farrokh M.D. TELEPHONE NUMBER 225-1260	M.D. DATE 5-6-69

GOVERNMENT PRINTING OFFICE : 1967 O - 272-610

THE GENESEE HOSPITAL
An Affiliated Hospital
of
THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY
221 Alexander Street
Rochester, New York 14607
DEPARTMENT OF RADIOLOGY

09

WIEMER, Cervia 367211

Dr. Pietropaoli 6/24/69

LUMBOSACRAL SPINE: There is a rather marked list to the spine to the left. The pedicles are intact.

I believe the last body visualized is a transitional 1st sacral body. The angle between this and the remainder of the sacrum appears somewhat accentuated. The significance of this must be evaluated clinically.

The actual 5th disc space seems slightly narrowed posteriorly and the others are normal. There is no degenerative change.

The sacroiliac joints are normal.

SUMMARY: There is a list to the left. The last vertebral body is transitional in type and probably a 1st sacral segment. As noted above the angle of this body to the remainder of the sacrum appears to be quite accentuated. These findings must be evaluated clinically.

LEFT KNEE: There is no fluid. Bone density is good. I see no evidence of trauma or arthritis or intrinsic bone lesion in the joint.

SUMMARY: Negative.

RIGHT KNEE: Again, the bone density is good and no fluid present. Articulating margins outline smoothly and joint spaces appear normal.
SUMMARY: Negative.

AP OF BOTH HANDS: I believe there may be slight peri-articular swelling about the proximal interphalangeal joints and the left 3rd proximal interphalangeal joint held in dorsum flexion. Changes are not strikingly those of rheumatoid arthritis though. One notes a sloping of the distal ends of radius and ulna toward their mid aspects, suggesting a deformity known as Madlungs deformity. This is likely the sequela of a defect in the epiphyseal development medially which causes bones to slow their growth in the medial portion.

SUMMARY: There are some minimal changes at the proximal interphalangeal joints not sufficient to warrant a definite diagnosis of rheumatoid arthritis. The old deformity of the wrists is bilaterally symmetrical and known as Madlungs deformity.

George J. Baron, M.D.
Radiologist

BEST COPY AVAILABLE

EXHIBIT NO. 22

GJB:af

(BEST TYPED COPY OF FOLLOWING PAGE)

LORIE A. GULINO, M.D.
GEORGE TIRONE, M.D.
PHILIP G. CLARKE, M.D.

1295 Portland Avenue
Rochester, New York 14621

266-3242

110

June 24, 1969

Re: WIEMER, Cervia
No. 19116

Dear Dr. Farrokh:

EXAMINATION: Cervical spine, PA and left lateral chest, both knees, both wrists, AP pelvis and both hips.

FINDINGS: We obtained survey radiographs of all of the above areas. The views of the chest reveal clear lung fields bilaterally. The heart and other mediastinal structures are normal in appearance. The views of the pelvis and both kness find no abnormalities related to the joints or the bones visualized. The cervical spine study demonstrates minimal focal degenerative changes in the lower cervical spine manifested by small hypertrophic spur formation on the anterior aspect of the sixth cervical vertebra. The disc spaces and intervertebral foramina are adequately maintained.

Minimal bilateral opical pleural thickening is demonstrated on the AP view of the cervical spine.

The AP projection of the hands and wrists demonstrates changes in the wrists compatible with moderately advanced rheumatoid arthritis with a loss of the joint space and deformity of the medial aspects of the radius. There is also soft tissue swelling over the ulnar side of both wrists.

The only indication of rheumatoid arthritis we have in the views of the hands is the presence of early osteoporosis of the bones at the metacarpal phalangeal joints. An old flexion contracture is seen at the interphalangeal joint of the middle finger of the left hand.

IMPRESSION: Negative study of the chest, both knees and pelvis; minimal degenerative changes in the lower cervical spine; moderate changes in the wrists compatible with rheumatoid arthritis.

Thank you for sending Mrs. Wiemer to us.

Yours truly,

LAG:cz

BEST COPY AVAILABLE

Lorie A. Gulino, M. D.

LORIE A. GULINO, M.D
GEORGE TIRONE, M.D
PHILIP G. CLARKE, M.D.

RADIOLOGY

1295 PORTLAND AVENUE
ROCHESTER, NEW YORK 14621

266-3242

11

June 24, 1969

Re: WIEMER, Cecelia
No. 19116

Dear Dr. Farrokh

EXAMINATION: Cervical spine, PA and left lateral chest, both knees, both wrists, AP pelvis and both hips.

FINDINGS: We obtained satisfactory radiographs of all of the above areas. The view of the chest demonstrates lung fields are clear. The heart and other mediastinal structures are normal in appearance. The views of the pelvis and both knees and both hips demonstrate no abnormality related to the joints of the bones visualized. The cervical spine study demonstrates the minimal focal degenerative changes in the lower cervical spine manifested by minimal hypertrophic spurring on the anterior aspect of the sixth cervical vertebra. The disc spaces and intervertebral foramina are adequately maintained.

Minimal bilateral basilar pleural thickening is demonstrated on the AP view of the cervical spine.

The AP projection of the hands and wrists demonstrates changes in the wrists compatible with moderately advanced rheumatoid arthritis with a loss of the joint space and deformity of the medial aspects of the radius. There is also soft tissue swelling over the ulnar side of both wrists.

The only indication of the rheumatoid arthritis we have in the views of the hands is the presence of early erosive changes of the bases of the metacarpal phalangeal joints. An old fracture-dislocation is seen of the interphalangeal joint of the middle finger of the left hand.

IMPRESSION: Negative study of the chest, both knees and pelvis, minimal degenerative changes of the cervical spine, moderate changes in the wrists compatible with rheumatoid arthritis.

Thank you for referring this patient to us.

Yours truly,

Lorie A. Gulino, M.D.

LAG:cc

BEST COPY AVAILABLE

EXHIBIT 23

JOHN A. PIETROPAOLI, M.D.
1540 Clifford Ave.
ROCHESTER, NEW YORK. 14609
342-7474

112

June 27, 1969

TO WHOM IT MAY CONCERN:

Re: Cervia Wiener
117 Dorsey Rd.

The above-named patient was last seen by me on June 20, 1969. Attached you will find a copy of x-ray reports and below are results of lab work ordered on her.

Glucose	113	Normals	70 to 110
Urea N	17.4	"	10 to 20
Uric Acid	3.1	"	2 to 5.5
Cholesterol	250	"	150 to 270
Latex-negative			

Diagnosis: 1- Degenerative osteoarthritis
2- Hypertension
3- History of fractures of both ankles, legs and wrists

Sincerely yours,

John A Pietropaoli

JOHN A PIETROPAOLI, M.D.

JAP:fa

EXHIBIT NO. 24

PROFESSIONAL QUALIFICATIONS

1. Physician's Name KARP (Last) Joseph (First) (Middle) 113

2. Address 4084 Dewey Avenue

Rochester, New York

3. AMA Membership: [X] Yes [ ] No

4. Year of Birth (B): 1908

5. Medical Education (ME): State: Tennessee

School: University of Nashville Medical Department

Year of Degree: 1934

6. Year of License (L): 1951

7. National Board (NB): [ ] Yes [X] No

Year:

8. American Specialty Boards (AB):

9. Medical Specialties:

10. Type of Practice (TOP): General Practice

11. National Scientific Medical Societies: (SS) American Academy of General Practice

12. Professorial Appointments (PA): State:

School:

13. Other Information:

14. Sources of Information: American Medical Directory
Edition: 24th Page: 2620

Other Sources:

Form HA-526 (11-67)

EXHIBIT NO. 25 (P.I.F 6 Pgs)

PROFESSIONAL QUALIFICATIONS

Physician's Name: Robert C. McVeigh

Year of Birth: 1931

Physician's Office Address:
26 S. Goodman Street, Rochester, New York 14607

Type of Medical Practice and/or Specialty: Internal Medicine (Full Time General Practice or Other Full Time Specialty Practice)

Subspecialty:

Medical School and Year of Graduation: Stritch School of Medicine of Loyola University, Chicago, Illinois - 1957

License(s) (show year(s) and State(s), and/or year of certification by National Board of Medical Examiners):
Licensed: 1958
National Board of Medical Examiners - (1958)

American Specialty Boards:

National Scientific Medical Societies (indicate if Fellow):

Hospital Affiliations (state nature of association, e.g., Chief of Service, Attending Staff, Consultant, etc.):

Professorial or Teaching Appointment(s):

Other Information:

Source(s) of Information (e.g., self; title of directory and page number, etc.):
American Medical Directory, AMA, 23rd Edition 1965, page 2457

Form HA-526
(3-66)

EXHIBIT NO. 25 - P.2

PROFESSIONAL QUALIFICATIONS

1. Physician's Name FARROKH (Last) Alinaghi (First) (Middle)

2. Address 7219 Nottingham

3. AMA Membership: ☐ Yes ☒ No

4. Year of Birth (B): 1931

5. Medical Education (ME): State: Iran

School: Faculty of Medicine University of Teheran

Year of Degree: 1956

6. Year of License (L): _____

7. National Board (NB): ☐ Yes ☐ No

Year: _____

8. American Specialty Boards (AB): _____

9. Medical Specialties: _____

10. Type of Practice (TOP): Internal Medicine; Cardiovascular Diseases

11. National Scientific Medical Societies: (SS) _____

12. Professorial Appointments (PA): State: _____

School: _____

13. Other Information: _____

14. Sources of Information: American Medical Directory
Edition: 24th Page: 2221

Other Sources: _____

Form HA-524 (11-67)

EXHIBIT NO. 35-P3

PROFESSIONAL QUALIFICATIONS

Physician's Name: Benjamin Pollack

Year of Birth: 1904

Physician's Office Address: 1920 South Avenue, Rochester, New York

Type of Medical Practice and/or Specialty: Neurology, Psychiatry (Full-time specialty)

Subspecialty:

Medical School and Year of Graduation: University of Toronto Faculty of Medicine, Toronto, 1929

License(s) (show year(s) and State(s), and/or year of certification by National Board of Medical Examiners):

Licensed: 1930

American Specialty Boards:

National Scientific Medical Societies (indicate if Fellow):

American Medical Association
American Psychiatric Association

Hospital Affiliations (state nature of association, e.g., Chief of Service, Attending Staff, Consultant, etc.):

Professorial or Teaching Appointment(s):

Other Information:

Source(s) of Information (e.g., self; title of directory and page number, etc.):

American Medical Directory, AMA, 23rd Edition, 1965, page 2458

Form HA-526
(3-66)

EXHIBIT NO. 25-P4

PROFESSIONAL QUALIFICATIONS

117

1. Physician's Name GULINO (Last) Lorie (First) Anthony (Middle)

2. Address 1295 Portland Ave., Rochester, New York

3. AMA Membership: [X] Yes [ ] No

4. Year of Birth (B): 1930

5. Medical Education (ME): State: New York

School: State University of New York at Buffalo, School of Medicine

Year of Degree: 1957

6. Year of License (L): 1958

7. National Board (NB): [X] Yes [ ] No

Year: 1958

8. American Specialty Boards (AB): American Board of Radiology

9. Medical Specialties:

10. Type of Practice (TOP): Radiology

11. National Scientific Medical Societies: (SS) American College of Radiology

12. Professorial Appointments (PA): State:

School:

13. Other Information:

14. Sources of Information: American Medical Directory
Edition: 24th Page: 2619

Other Sources:

EXHIBIT NO. 25-P5

PROFESSIONAL QUALIFICATIONS

118

1. Physician's Name PIETROPAOLI (Last) John (First) A. (Middle)

2. Address 1540 Clifford Ave., Rochester, New York

NOT LISTED IN AMERICAN MEDICAL DIRECTORY

3. AMA Membership: ☐ Yes ☐ No

4. Year of Birth (B): _____

5. Medical Education (ME): State: _____

School: _____

Year of Degree: _____

6. Year of License (L): _____

7. National Board (NB): ☐ Yes ☐ No

Year: _____

8. American Specialty Boards (AB): _____

9. Medical Specialties: _____

0. Type of Practice (TOP): _____

11. National Scientific Medical Societies: (SS) _____

12. Professorial Appointments (PA): State: _____

School: _____

13. Other Information: _____

14. Sources of Information: American Medical Directory

Edition: Page:

Other Sources: _____

Form HA-526 (11-67)

EXHIBIT NO. 25 - (P-6 of 6 pgs)

Cervia M. Kiener, Claimant + W/C.
A/N. 118-03-2155 Earnings Information.

119

	1966	1967
Seafare	$89.05	$29.45
Arctic	$544.78	1966
Bouvier's	$44.80	1966
Hyde Field Corp.	$960.58	1967
St. Luke's Hosp.	$482-94	1959
Patent Scaffolding	$14.95	1961
Por' Lodge Investor	$1956.72	$1553.19 $142.70 $1548.55 $45.19
	1969	1964 1965 1961
Misc.		

BEST COPY AVAILABLE

A/N 118-03-2155
EXHIBIT 26 (1 PAGES).

LYMAN C. BOYNTON, M. D.

RALPH W. PRINCE, M. D.

26 SOUTH GOODMAN STREET
ROCHESTER 7, NEW YORK

120
DEC 4 1969

October 10, 1967

RECEIVED
BUREAU OF [illegible]

Loss: 7/31/67
Re: Cervia Wiemer
148 G 97892
Nylomold Corp.

Mrs. Sarah Cavatassi
Travelers Insurance Company
201 Broad Street, East
Rochester, N.Y. 14604

Dear Mrs. Cavatassi:

I saw this 51-year-old machine worker on October 6, 1967, for a complete physical examination. She stated that she had been ill since July, because of increasingly severe arthritis which had been coming on gradually for some months before. Her right shoulder has been very painful as has her low back, both knees, and the joints of the right hand with a very marked loss of ability to grip things with her right hand. She consulted her physician, Dr. Holland Taylor, who did a number of blood tests and placed her on prednisone. This seemed to help considerably at first but when she failed to improve she was started on Indocin. She has noted relatively little improvement thus far on the new drug. She also takes Darvon compound for pain.

System Review: Positive findings include an increasing number of hot flushes in recent months; a hysterectomy done at age 46 for menorrhagia; smokes a pack of cigarettes per day, but only drinks occasionally; habits are not remarkable.

Physical Examination:

Height: 59 inches.
Weight: 111½ pounds.

Blood Pressure: 138/80.
Pulse: 80, regular.

In general this is a well-developed, well-nourished, tense, but pleasant and cooperative woman appearing her stated age.

Hair: Normal distribution.
Eyes: Negative.
Nose: Negative.
Ears: Canals and drums are clear.
Mouth: Upper plate is present. Lower molars are gone.
Tonsils: Out.
Neck: Supple:
Thyroid: Not enlarged.
Chest: No increase in AP diameter.
Lungs: Clear to P & A.
Heart: Not enlarged. Sounds are normal.
Breasts: Negative.
Abdomen: Striae are present.
Skin: Clear.
Hands: The PIP joints, 1, 2, and 3, right, are tender, slightly swollen, with slightly increased warmth. There is no real spindling. There is poor grip.
Shoulder: Increased heat and swelling on right with marked limitation and pain on elevation beyond 45°.



A/N 118-03-2155
EXHIBIT 27 (FILES)

Cervia M. Wiemer (Claimant) 118-03-2155 (Social Security Number)

(Wage Earner) (Leave blank if same as above)

EXHIBITS

EXHIBIT NO.	DESCRIPTION	NO. OF PAGES	COURT TRANSCRIPT PAGE NOS.
AC-1	Statement dated March 23, 1970, signed by John A. Pietropaoli, M. D.	1	135
AC-2	Statement dated February 20, 1971, signed by John A. Pietropaoli, M. D.	1	136-137
AC-3	Medical Report dated 9/27/72, signed by Jared H. Krackov, M. D., and report of contact dated October 24, 1972.	3	138-140
AC-4	Professional Qualifications of Jared H. Krackov, M. D.	1	141
AC-5	Medical Report dated September 22, 1972, signed by Frederick S. Erdman, M. D.	1	142
AC-6	Professional Qualifications of Frederick S. Erdman, M. D.	1	143
AC-7	Letter to Mr. Edmund Clynes, attorney for the claimant signed by Carl Monk, Member, Appeals Council and dated December 1, 1972.	1	144
AC-8	Statement dated December 9, 1972, signed by John A. Pietropaoli, M. D.	1	145
AC-9	Report of claimant's earnings under the Social Security Act.	1	146

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

REFER TO:
HA:P
118-03-2155

BUREAU OF
HEARINGS AND APPEALS

JAN 29 197

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

Dear Mr. Clynes:

Re: Mrs. Cervia M. Wiemer, 117 Dorsey Road, Rochester, New York 14616

Enclosed is a copy of the Appeals Council's decision holding that benefits are not payable under the Social Security Act.

A certified copy of the transcript of the record, including this decision, will be prepared and forwarded to the Department of Justice for filing with the court.

Sincerely yours,

H. Dale Cook
Chairman, Appeals Council

Enclosure

cc: Mrs. Cervia M. Wiemer

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

DECISION OF APPEALS COUNCIL

In the case of	Claim for
Cervia M. Wiemer (Claimant)	Period of Disability and Disability Insurance Benefits
(Wage Earner) (Leave blank if same as above)	118-03-2155 (Social Security Number)

This case is before the Appeals Council on remand from the United States District Court for the Western District of New York (Civil Action File Number 1970-132).

The administrative law judge, formerly "hearing examiner," in his decision of December 10, 1969, held that the claimant was not entitled to a period of disability or to disability insurance benefits under the applicable provisions of the Social Security Act. The Appeals Council vacates its denial of the claimant's request for review of that decision.

The statements of the administrative law judge as to the pertinent provisions of the Social Security Act, the issues in the case, and the evidentiary facts which were before him are incorporated herein by reference.

Evidence in addition to that previously considered has been introduced into the record as Exhibits AC-1 through AC-6. The documents are briefly described in the appended list of exhibits. On December 1, 1972, the claimant and her attorney were given an opportunity to review and comment on those exhibits not previously seen by them (Exhibit AC-7). In response, the attorney submitted another report from Dr. Pietropaoli dated December 9, 1972. That report is entered into the record as Exhibit AC-8.

PROCEDURAL HISTORY

The claimant filed her first application for a period of disability and disability insurance benefits under the Social Security Act on November 22, 1965. At that time she alleged that she became unable to work on March 17, 1965, as the result of arthritis and chronic bronchitis. This application was denied on December 17, 1965, because the claimant did not meet the insured status requirements of the Act.

BEST COPY AVAILABLE

A statement of the claimant's earnings indicates that she first met the earnings requirements on January 1, 1967, and last met these requirements on September 30, 1971 (Exhibits 9 and AC-9).

On December 2, 1968, she filed a second application, alleging inability to work since June 1967, as the result of "osteoarthritis plus complications." This claim was denied initially, upon reconsideration, and by an administrative law judge following a hearing at which she appeared and testified. In his decision of December 10, 1969, the administrative law judge found that the claimant was currently insured but was not under a "disability" as defined in the Act.

Following the denial of the claimant's request for review of that decision, a civil action was instituted. With his brief, the attorney for the plaintiff submitted two additional statements from John A. Pietropaoli, M. D., the claimant's treating physician (Exhibits AC-1 and AC-2). On March 29, 1972, the court remanded this case to the Secretary to consider these reports and for the taking of additional evidence. Additional evidence has been obtained and the case is now before the Appeals Council for final administrative decision.

SUMMARY OF THE ADDITIONAL EVIDENCE

In his reports dated March 23, 1970 and February 20, 1971, respectively, Dr. Pietropaoli stated that he has treated the claimant since September 1968. He stated that she has severe osteoarthritis of the lumbar spine, wrists and hands; deformity of both wrists, "probably congenital;" hypertension; and a history of fractures of both ankles, legs and wrists. He stated in the first report that "In view of her constant pain in the affected joints at rest, I would have to consider her totally disabled" (Exhibit AC-1). In the second report he stated that "She is completely disabled and needs every financial assistance in obtaining her drugs and medication" (Exhibit AC-2). In a third report, dated December 9, 1972, the doctor stated that the "only confirmatory evidence" of his diagnosis of osteoarthritis was the report of x-rays by Dr. Lorie Gulino (See Exhibit 23). Dr. Gulino's report indicated "minimal degenerative changes in the lower cervical spine; moderate changes in the wrists compatible with rheumatoid arthritis." On this basis, Dr. Pietropaoli stated that the diagnosis would "resolve into" mild degenerative arthritis of the cervical spine and moderate rheumatoid arthritis of the wrists (Exhibit AC-8).

In view of the claimant's continued complaints and the paucity of objective medical evidence, the claimant was examined at government expense on September 17, 1972, by Jared H. Krackov, M.D., a Diplomate of the American Board of Internal Medicine, and x-rays were taken on September 21, 1972, by Frederick S. Erdman, M. D., a Diplomate of the American Board of Radiology (Exhibits AC-3, AC-5).

Dr. Krackov reported that by history the claimant has had a syndrome of rather severe polyarthralgia since 1968 with a minimum of objective findings. The claimant told the doctor that she was unable to use her arms and legs for any useful purpose and that she could stand for only ten minutes at a time. She claimed to have attacks of arthritis in which she hurts "everywhere," but she was unable to describe any acute swelling of joint deformities to coincide with these attacks. She was taking Valium for "nerves," Talwin for pain, and Tandearil. She also took medication for high blood pressure.

On physical examination the claimant was 4'11" tall and weighed 112 pounds. Doctor Krackov reported that she was "somewhat dramatic in her presentation, groaning with most movements that were required for examination." However, when she left the office, Dr. Krackov observed that she was "able to walk without any groans." Her blood pressure was 160/100, and her pulse was 80. The sed rate was normal, and the latex fixation test negative. There was no limitation of neck motion. A thorough examination of her joints was performed and there was "questionable limitation of shoulder motion," no limitation of neck motion, no limitation of motion of any other joint and no joint deformities except for the right middle finger, which was "swollen at the PIP joint and was kept in a flexed position." There was no symmetrical swelling of any other digital joints, no Heberden's nodes, and no loss of muscle mass was noted. Dr. Krackov concluded that the claimant had "definite hypertension with grade 2 funduscopic changes" and a deformity of one joint of her right middle finger. There were no objective findings suggestive of rheumatoid or degenerative arthritis (Exhibit AC-3).

Dr. Erdman, a radiologist, reported that based on x-rays taken on September 21, 1972, the claimant's right shoulder and right knee exhibited no significant findings and no evidence of fracture. His impression was of a "normal right shoulder" and "negative right knee" (Exhibit AC-5).

EVALUATION OF EVIDENCE

A careful review of all the medical evidence now of record does not establish that the claimant had a disabling physical or emotional impairment on or before September 30, 1971, when she was last insured for purposes of receiving Social Security disability insurance benefits. Despite Dr. Pietropaoli's statements that the claimant is disabled, his ultimate diagnosis of mild degenerative arthritis of the cervical spine and moderate rheumatoid arthritis of the wrists indicates at most only a slight functional limitation. X-rays taken on June 24, 1969, at the Genesee Hospital indicated that the claimant has a congenital deformity of the wrist, known as "Madlungs deformity." This was described by the radiologist as "likely the sequela of a defect in the epihyseal development medially which causes the bones [of the wrist] to slow their growth in the medial portion" (Exhibit 22). Dr. Krackov stated that the Madlungs deformity was of "doubtful clinical significance" (Exhibit AC-3).

In addition, Dr. Krackov found "no objective findings suggestive of rheumatoid or degenerative arthritis," in contrast to the diagnoses of both rheumatoid and degenerative arthritis by the treating physicians. In this regard, the Appeals Council notes that the treating physicians' reports have been generally quite brief and have contained little clinical date or laboratory findings which would confirm a diagnosis of rheumatoid arthritis or support a finding of significant degenerative changes. On the other hand, Dr. Krackov noted that a latex agglutination test was negative and uric acid and the sedimentation rate were normal. A "thorough examination of her joints" revealed no limitation of motion in any joints except her shoulders, where the limitation was "questionable." He diagnosed only hypertension, for which the claimant is taking medication, and a deformity of one joint of her right middle finger.

Although the claimant's complaints have been diagnosed at various times as anxiety, conversion hysteria and neurosis, the report of an examination conducted on March 10, 1969, by Benjamin Pollack, M. D., a neuropsychiatrist, did not reveal a significant mental impairment. She was spontaneous, coherent, relevant, and well orientated. Although she described pain and limitation of motion with "dramatic emphasis," these apparently disappeared when she was distracted. Dr. Pollack diagnosed a "conversion hysteria," but described no significant limitation placed upon her thereby (Exhibit 20).

Thus, the evidence of record indicates that although the claimant has some discomfort in the joints of her upper extremities, mild degenerative arthritis of the cervical spine, and some deformity, probably congenital, in her wrists, she retained the capacity, on or before September 30, 1971, to perform many of the jobs she performed previously, as set forth by the administrative law judge in his decision issued on December 10, 1969.

FINDINGS OF FACT

After careful consideration of all the evidence now of record the Appeals Council makes the following findings:

1. The claimant last met the special earnings requirement of the Social Security Act on September 30, 1971.

2. The claimant has not established that she has any impairments, either singly or in combination, which would preclude her from engaging in any substantial gainful activity.

3. The claimant was not under a "disability," as defined in the Act, at any time during which she met the insured status requirements.

DECISION

It is the decision of the Appeals Council that the claimant is not entitled to a period of disability or to disability insurance benefits under the Social Security Act, as amended. The administrative law judge's decision issued on December 10, 1969, is affirmed.

APPEALS COUNCIL

Carl Monk

Carl Monk, Member

JAN 29 1973

DATE

Norman S. Kerns

Norman S. Kerns, Member

TELEPHONE (716) 546-4447

128

EDMUND CLYNES

45 Exchange St. Rochester, N.Y. 14614

Dec 12th, 1972

Dear Mr Monk:

Re; Cervia Wiemer, 117 Dorsey Rd, Rochester, N.Y.

Enclosed please find Dr Pietropaoli 's letter in answer to the letters submitted by you.

Ypurs truly,

edmund clynes

Edmund Clynes

Carl Monk
Member Appeals Council
Washington. D.C.
Copy Mrs Wiemer

C, C, 129

SIBERT R. DOUGLAS, M.D.
WERNER KUNZ, M.D.
JOHN A. PIETROPAOLI, M.D.
220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607

Telephone 546-2240

December 9, 1972

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

118-03-2155

Re: Cervia Wiemer

Dear Mr. Clynes:

The only confirmatory evidence of our diagnosis of osteoarthritis is the report of Dr. Lorie Gulino's cervical spine x-ray report of minimal degenerative osteoarthritic changes of lower cervical spine.

Evidence of rheumatoid arthritis exists in Dr. Gulino's report of hands and wrists x-rays "compatible with moderately advanced rheumatoid arthritis with loss of joint space and deformity of medial aspects of the radius, and soft tissue swelling over ulnar side of both wrists".

Therefore, the diagnoses would resolve into:
1. Mild Degenerative Arthritis - cervical spine.
2. Moderate Rheumatoid Arthritis - wrists.

Sincerely,

John A. Pietropaoli, M.D.

JAP:jm

130

Readers Ask
HELP!

Democrat & Chronicle • Rochester, N. Y. 14614
Phone: 232-5300 Ext. 360 or 350

Dear Sir/Madam,

HELP! is a public service column of the Democrat and Chronicle that tries to help readers solve their problems and answer their questions. We receive many such requests each week, forwarding those we feel merit further attention.

On behalf of the Democrat and Chronicle, and of our readers, we ask that you give them consideration, if your investigation shows that action is justified.

May we ask that you keep us advised of any recommendations you make or solutions you effect?

Sincerely,

Brad Knickerbocker, Editor
HELP! Column

Rochester, N. Y.
DEC 16 1971
21103
SSA DISTRICT OFFICE

RECEIVED
Rochester NOV 25 1971 010

Dear Sir HELP

Since 1965 I've had physical problems, I've applied for Social Security benefits. My Doctor said I am not able to work anymore. I've tried to get help since 1968 and can't understand why I'm not getting any help.

Emma M. Wiener

P.S. I understand there is no report by the hearing examiner on broken legs & bones etc — I've been layed up since last March with three fractures of the left ankle. Dr Petrigale has all the records Hoping you can help - Sincerely - C. M. Wiener

118-03-2155

SOC SEC-220

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

BUREAU OF
HEARINGS AND APPEALS

REFER TO:

HA:P
118-03-2155

AUG 21 1972

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

Dear Mr. Clynes:

Re: Mrs. Cervia M. Wiemer, 117 Dorsey Road, Rochester, New York 14616

The Appeals Council has received your letter of July 23, 1972, containing Dr. Pietropaoli's report of March 23, 1970. (See AC-1)

We have requested the Director, Bureau of Disability Determinations, State Department of Social Services, 110 William Street, New York, New York 10038 to arrange for a medical examination at no cost to Mrs. Wiemer.

After we receive the information, we will communicate with you further.

Sincerely yours,

Carl Monk
Member, Appeals Council

cc: Mrs. Cervia Wiemer

BEST COPY AVAILABLE

TELEPHONE (716) 546-4447

133

EDMUND CLYNES

45 Exchange St. Rochester, N.Y. 14614

n/r

July 28th, 1972

Carl Monk
Appeals Council
Dept of Health, Education and Welfare
PO Box 2518, Washington, D.C

Dear Mr Monk:

WIEMER

Cervia M. ~~Wiemer~~, 117 Dorsey Rd
Rochester, N.Y. 14616

Enclosed please find copy of Dr Pietropoal8's report of March 23, 1970. (See AC-1)

I had, prevdously given U.S.District Judge Harold P. Burke and Mr Sullican, Ass U.S.Attorney a copy of the report.

Yours truly,

edmund clynes

Enc letter

Edmund Clynes

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

BUREAU OF
HEARINGS AND APPEALS

HA:P
REFER TO: T18-03-2155

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

JUL 24 1972

Dear Mr. Clynes:

Re: Mrs. Cervia M. Wiemer, 117 Dorsey Road
Rochester, New York 14616

The Appeals Council has received the court order remanding Mrs. Wiemer's case.

The court's order refers to additional medical reports from John A. Pietropaoli, M.D., which have not been considered by the Appeals Council. We have a copy of Dr. Pietropaoli's report dated February 20, 1971, but do not have a copy of his report dated March 23, 1970. We would appreciate your forwarding to us a copy of this report and any other additional evidence you may wish to submit, within twenty (20) days from the date of this letter.

After we receive this evidence, we will communicate with you further.

Sincerely yours,

Carl Monk
Member, Appeals Council

cc: Mrs. Cervia M. Wiemer

SIBERT R. DOUGLAS, M.D
WERNER KUNZ, M.D
JOHN A. PIETROPAOLI, M.D
220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607

Telephone 546-2240

135

March 23, 1970

TO WHOM IT MAY CONCERN:

Mrs. Weiner has been under my care since September 18, 1968.

She has spondylosis, degenerative arthritis of the lumbar spine and hands, with deformity of both wrists (probably congenital) and a history of fractures of both ankles, legs, and wrists.

She has not worked since 1965.

In view of her constant pain in the affected joints at rest, I would have to consider her totally disabled.

Sincerely,

John A. Pietropaoli, M.D.

JAP/ll

Rochester Welfare
Office
1951-1

EXHIBIT A-C-1

BEST COPY AVAILABLE

SIBERT R. DOUGLAS, M.D.
WERNER KUNZ, M.D.
JOHN A. PIETROPAOLI, M.D.
220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607

Telephone 546-2240

February 20, 1971

To Whom It May Concern:

I have taken care of Mrs. Cervia Wiemer since September of 1968. She has severe osteoarthritis of the lumbar spine, wrists, and hands, and also hypertension.

She is completely disabled and needs every financial assistance in obtaining her drugs and medication.

Sincerely,

John A. Pietropaoli, M.D.

JAP:kmt

"Best Typed Copy of Following Page for Legibility"

SCOTT P. DOUGLAS, M.D.
WERNER GUNZ, M.D.
JOHN A. METROPOULOS, M.D.
220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607

Telephone 546-5240

February 22, 1971

To Whom It May Concern:

I have taken care of Mrs. Phyllis Wiesen since I began my practice in 1964. She has severe osteoarthritis of the lumbar spine, wrists, and hands, and also hypertension.

She is [illegible] and needs [illegible] her drugs and medication.

Sincerely,

John A. Metropoulos, M. D.

JAM:lk

BEST COPY AVAILABLE

EXHIBIT AC 2

DAVID EISENBERG M.D.

JARED H. KRACKOV M.D.

1393 SOUTH AVENUE ROCHESTER, NEW YORK 14620 / TEL. 271-0966

INTERNAL MEDICINE

138

September 27, 1972

Philip R. Casesa, M.D.
Chief Medical Consultant
Bureau of Disability Determinations
110 William Street
New York, New York 10038

Re: Cervia Wiemer
Soc. Sec. #118-03-2155

Dear Doctor Casesa:

I examined Mrs. Wiemer on September 17, 1972. Her history of apparent disability since 1968 was reviewed with the patient and with the numerous documents contained in the medical exhibits folder. Briefly, she has had a syndrome of rath r severe polyarthralgia since 1968 with a minimum of objective findings. She states that she is unable to use her arms and legs to any useful purpose and that she can only stand for ten minutes at a time. She clai s to have difficulty in getting dressed and to be unable to put her arms over her head. She claims to be able to walk only short distances, several feet, and claims to fall all the time. Because of her falling, she apparently sustained a fracture of her right lower leg in 1971 treated by Doctor Crawford in Rochester, New York. Her actual symptoms began in 1962 but didn't cause disability until 1968. She claims to have " acks" of arthritis in which she hurts everywhere but i able to describe any acute swelling or joint deformitie coincide with these "attacks." There appears to be no waxing or waning of her symptoms; they're always there and always bad.

Diagnoses in the past have been both possible rheumatoid arthritis, osteo-or degenerative arthritis, and nervousness. A review of the supplied records reveals very little in the way of significant objective findings; multiple x-rays were taken in June of 1969 and included normal sacroiliac joints, negative x-rays of her left knee and right knee, and x-rays of her hands not at all diagnostic of rheumatoid arthritis but possibly suggestive of of a developmental deformity called Madlungs deformity which is of doubtful clinical significance. She also had a negative latex agglutination and normal uric acid in 1969.

EXHIBIT AC 3
(383)

The patient currently takes Valium for her nerves, frequent Talwin for her pain, and Tandearil. She also takes Enna for her elevated blood pressure. Her past medical history includes a hysterectomy and tonsillectomy, the use of bifocal glasses, exertional dyspnea, and the occasional use of alcohol as well as one pack of cigarettes per day.

On physical examination, she is 4'11" tall and weighs 112 pounds. She was somewhat dramatic in her presentation, groaning with most movements that were required for examination; however, when she left the office, she was able to walk without any groans. Her blood pressure was 160/100 and her pulse was 80. There was no limitation of neck motion. Funduscopic examination revealed definite arteriolar narrowing and A-V nicking. A thorough examination of her joints was performed and there was questionable limitation of shoulder motion, no limitation of neck motion, no limitation of motion of any other joint and no joint deformities except for the right middle finger. The right middle finger was swollen at the PIP joint and was kept in a flexed position. There was no symmetrical swelling of any other digital joints and no Heberden's nodes; this appeared to be an isolated finding. In addition, there was no loss of muscle mass noted.

The sed rate was 5 millimeters per hour which was normal. Additional laboratory studies are pending.

In conclusion, this patient has definite hypertension with grade 2 funduscopic changes, and has a deformity of her PIP joint of her right middle finger that is isolated and suggestive of trauma. There are no objective findings suggestive of rheumatoid or degenerative arthritis.

Yours truly,

Jared H. Krackov, M.D.

Later - neg
LE prep - neg
X-ray R. shoulder - normal
X-ray R knee - normal

JHK:jw
Encls.

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL: 118-03-2155 140

TO: REVIEWING OFFICE: NY P BIR CH KC SF DBS DIO SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON: Clerria M. Wiener

PERSON(S) CONTACTED AND ADDRESSES: ☐ WE OR SE PERSON ☐ OTHER (Specify)

Jared Kracker, M.D. Highland Hosp Lab.
Rochester, N.Y. Rochester, N.Y.

CONTACT MADE: ☐ DO ☐ BO ☐ SC ☐ HOME ☑ PHONE ☐ OTHER

DATE OF CONTACT: 10/25/72

SUBJECT

Ref: 121-166-271-0966 - Miss Walker, Secy to CEO
121-166-473-220 - Highland Hosp. Lab.

Purpose: To determine whether BUA was done.

Facts: Miss Walker secretary to CEO advised that blood uric acid was done and found at 4.0.

Highland hospital was contacted, no record could be found. BUA was done by Dr. Kracker and lab results would be mailed to us on 10/27/72. BUA was H.O.

Next action: Refer to examiner for DAV determination 11/5/72

SIGNATURE: C. M. Wiener

DISTRICT OFFICE: SSA SERVICES

☐ CR ☐ FR ☐ SH ☐ CLAIMS CLERICAL ☐ OTHER (Specify)

DATE OF REPORT: 10/25/72

PAGE OF

DO NOT WRITE IN MARG.

FORM SSA-5002 (2-71)

PROFESSIONAL QUALIFICATIONS

1. Physician's Name KRACKOV (Last) JARED (First) H. (Middle)

2. Address 1393 South Avenue
Rochester, New York 14620

3. Year of Birth (B): 1935

4. Medical Education (ME): State: New York
School: State University of New York, Downstate Medical Center New York-Brooklyn
Year of Degree: 1960

5. Year of License (L): 1964

6. American Specialty Boards (AB): American Board of Internal Medicine, DIPLOMATE

7. Medical Specialties: Internal Medicine

8. Type of Practice (TOP): Full-time

9. National Scientific Medical Societies (SS): American Society of Internal Medicine

10. Professorial Appointments (PA): State:
School:
Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory
Year: 1969 Edition: 25 Page: 2874

Other Sources:

EXHIBIT RCK

FORM HA-526
(3-71)

142

277 ALEXANDER STREET
ROCHESTER, N. Y. 14607
PHONE: 546-4110

A. GORDON IDE, M. D.
THEODORE B. STEINHAUSEN, M. D.
ROBERT J. CALIHAN, M. D.
JOHN W. COLGAN, M. D.
CHARLES E. SHERWOOD, M. D.
BEN SISCHY, M. D.
FRANCIS M. KELLEY, M. D.
FREDERICK S. ERDMAN, M. D.
E. JOAN FURNAS, M. D.

2273 CLINTON AVE. SO.
ROCHESTER, N. Y. 14618
PHONE: 546-4110

72 SEP 25 PM 12:29

September 22,1972

Dr. Philip Casesa
Dept. of Social Services
110 William Street
New York, N.Y. 10038

Dear Dr. Casesa:

The following is the report on Mrs. Cervia M. Wiemer, who was in our Medical Arts office on September 21,1972.

Right shoulder. The bone structure is intact and normal. There is no evidence of fracture or soft tissue calcification. There are no significant findings.

IMPRESSION: Normal right shoulder.

Right knee. There is no evidence of joint effusion. The bone structure is intact. There are no foreign bodies within the joint.

IMPRESSION: Negative right knee.

Thank you for theopportunity of seeing Mrs. Wiemer.

Sincerely yours,

F S Erdman

Frederick S. Erdman, M.D.

SR;ss;p
203540

cc: Dr. Krackov

EXHIBIT AC5

PROFESSIONAL QUALIFICATIONS

143

1. Physician's Name ERDMAN (Last) FREDERICK (First) S., Jr. (Middle)

2. Address South Avenue-Bellevue Drive

Rochester, New York 14620

3. Year of Birth (B): 1934

4. Medical Education (ME): State: New York

School: Co ell University Medical College, New York

Year of Degree: 1960

5. Year of License (L): 1961

6. American Specialty Boards (AB): American Board of Radiology, DIPLOMATE

7. Medical Specialties: Radiology

8. Type of Practice (TOP): Other full-time staff in hospital service

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory

Year: 1969 Edition: 25 Page: 2871

Other Sources: Directory of Medical Specialists, Vol. 13, 1968-69; p. 1614.

EXHIBIT ACG

FORM HA-526
(3-71)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

REFER TO:

BUREAU OF
HEARINGS AND APPEALS

HA:P
118-03-2155

DEC 1 1972

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

Dear Mr. Clynes:

Re: Mrs. Cervia M. Wiener, 117 Dorsey Road, Rochester, New York 14616

In furtherance of the court order of remand in Mrs. Wiener's case, the Appeals Council proposes to introduce the following documents into the record as exhibits:

Medical Report signed by Jared H. Krackov, M. D. dated September 27, 1972.

Professional Qualifications of Jared H. Krackov, M. D.

Medical Report signed by Frederick S. Erdman, M. D. dated September 22, 1972.

Professional Qualifications of Frederick S. Erdman, M. D.

Report of contact with Jared H. Krackov, M. D. dated October 24, 1972.

We are enclosing copies of these documents to afford you an opportunity to examine and comment on them before they are received into the record. If you have any comments or additional documents, please submit them to the Appeals Council within 10 days from the date of this letter. Thereafter, the Appeals Council will consider the record, including the proposed exhibits, and will issue its decision.

Sincerely yours,

Carl Monk
Member, Appeals Council

Enclosures

cc: Mrs. Cervia M. Wiener

EXHIBIT ACJ

C, C1

145

SIBERT R DOUGLAS, M.D.
WERNER KUNZ, M.D.
JOHN A. PIETROPAOLI, M.D.
220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607

Telephone 546-2240

December 9, 1972

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

118-03-2155

Dear Mr. Clynes:

Re: Cervia Wiemer

The only confirmatory evidence of our diagnosis of osteoarthritis is the report of Dr. Lorie Gulino's cervical spine x-ray report of minimal degenerative osteoarthritic changes of lower cervical spine.

Evidence of rheumatoid arthritis exists in Dr. Gulino's report of hands and wrists x-rays "compatible with moderately advanced rheumatoid arthritis with loss of joint space and deformity of medial aspects of the radius, and soft tissue swelling over ulnar side of both wrists".

Therefore, the diagnoses would resolve into:
1. Mild Degenerative Arthritis - cervical spine.
2. Moderate Rheumatoid Arthritis - wrists.

Sincerely,

John A. Pietropaoli, M.D.

JAP:jm

EXHIBIT AG-8

118-C3-2155 CM WIEMER 05-16 FEMALE JOB 530

F

	EARNINGS	WQC	SE	AG
TOTAL	10500.90	28		
51	36.94		0	-
53	456.61	CCCN	0	-
55	NONE	NNNN	0	0
57	NONE	NNNN	0	0
59	482.94	CNNN	0	0
61	647.55	NCCC	0	0
63	1956.76	CCCC	0	0
65	142.70	CNNN	0	0
67	1049.63	CCCN	0	0
69	NONE	NNNN	0	0
71	NONE	NNNN	0	0

	EARNINGS	WQC	SE	AG
51 TD	9158.13	28		
52	80.04		0	-
54	NONE	NNNN	0	-
56	189.50	NNNC	0	0
58	NONE	NNNN	0	0
60	NONE	NNNN	0	0
62	1548.58	CCCC	0	0
64	1583.12	CCCC	0	0
66	818.76	NNCC	0	0
68	165.00	NNCN	0	0
70	NONE	NNNN	0	0

2/4°a/71

NOV

EXHIBIT AC-9

EXHIBIT AC-9

(ATTACHED TO EXHIBIT NO. 9)

108 IDP REQUEST FOR SCOUTING

WIEMER,CERVIA M BLK P#79957X 118-03-2155

0367-1267 MYLO MOLD CORP,111 LING RD,ROCHESTER NY 14612 EIN 16-08654

63-0367 THRU 1267 GRAFLEX INC,3750 MONROE AV,ROCHESTER NY 14603 EIN

16-0435660

121

Knees: Do not appear remarkable. There is a full range of motion.
Back: There is definite muscular spasm in the lumbar musculature of the back. The patient has obvious low back pain on attempting to rise from the prone position, and on flexion of the lumbar spine.
Pelvic: Not done.
Reflexes: Physiological.
Peripheral Pulses: Normal.

Laboratory:

Urine:
Specific Gravity: 1.015.
Albumin: 0.
Sugar: 0
pH: 6.
Microscopic: Scattered epithelial cells and white blood cells.

Hemoglobin: 12.8 grams per cent.
WBC: 6,000.

Comment: This woman is totally disabled at this time for work due to her arthritis. It is difficult to classify this without further laboratory studies, but is a probably a mixed type or low-grade rheumatoid. She was leaving this office for an appointment with a radiologist for shoulder and back x-rays. It would appear to me that she is receiving competent care but having a relatively poor response to her therapy. It is not possible at this time to predict her expected period of disability, but in my opinion it will probably be prolonged.

Sincerely yours,

Ralph W. Prince

Ralph W. Prince, M. D.

RWP:pd

Enclosure

P2

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF NEW YORK

CERVIA WIEMER, Plaintiff	)	
vs.	)	Civil Action No. CIVIL 1970-132
ELLIOT L. RICHARDSON, SECRETARY OF HEALTH, EDUCATION, AND WELFARE, Defendant	)	

SUPPLEMENTAL CERTIFICATION

I, Philip T. Brown, Deputy Chairman, Appeals Council and Deputy Director, Bureau of Hearings and Appeals, Social Security Administration, Department of Health, Education, and Welfare, under authority conferred upon me by the Secretary, hereby certify that the documents annexed hereto constitute a full and accurate transcript of the supplemental record of proceedings relating to the application of Cervia Wiemer to establish a period of disability and her claim for disability insurance benefits under title II of the Social Security Act, as amended, such transcript including evidence adduced in the supplemental proceedings and the decision of the Appeals Council.

Philip T. Brown

Date: March 1, 1973

Philip T. Brown

Cervia M. Wiemer, Claimant-Wage Earner
Social Security Account Number 118-03-2155

SUPPLEMENTAL COURT
REMAND TRANSCRIPT INDEX

	Page Nos.
Supplemental Exhibit List (Index to Individual Exhibits)	122
Appeals Council Decision	122A-127
Correspondence	128-134
Exhibits	135-146

Cervia M. Wiemer (Claimant) 118-03-2155 (Social Security Number)

(Wage Earner) (Leave blank if same as above)

EXHIBITS

EXHIBIT NO.	DESCRIPTION	NO. OF PAGES	COURT TRANSCRIPT PAGE NOS.
AC-1	Statement dated March 23, 1970, signed by John A. Pietropaoli, M. D.	1	135
AC-2	Statement dated February 20, 1971, signed by John A. Pietropaoli, M. D.	1	136-137
AC-3	Medical Report dated 9/27/72, signed by Jared H. Krackov, M. D., and report of contact dated October 24, 1972.	3	138-140
AC-4	Professional Qualifications of Jared H. Krackov, M. D.	1	141
AC-5	Medical Report dated September 22, 1972, signed by Frederick S. Erdman, M. D.	1	142
AC-6	Professional Qualifications of Frederick S. Erdman, M. D.	1	143
AC-7	Letter to Mr. Edmund Clynes, attorney for the claimant signed by Carl Monk, Member, Appeals Council and dated December 1, 1972.	1	144
AC-8	Statement dated December 9, 1972, signed by John A. Pietropaoli, M. D.	1	145
AC-9	Report of claimant's earnings under the Social Security Act.	1	146

122A

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

REFER TO:
HA:P
118-03-2155

BUREAU OF
HEARINGS AND APPEALS

JAN 29 197?

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

Dear Mr. Clynes:

Re: Mrs. Cervia M. Wiener, 117 Dorsey Road, Rochester, New York 14616

Enclosed is a copy of the Appeals Council's decision holding that benefits are not payable under the Social Security Act.

A certified copy of the transcript of the record, including this decision, will be prepared and forwarded to the Department of Justice for filing with the court.

Sincerely yours,

H. Dale Cook
Chairman, Appeals Council

Enclosure

cc: Mrs. Cervia M. Wiener

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

DECISION OF APPEALS COUNCIL

In the case of

Cervia M. Wiemer
(Claimant)

(Wage Earner) (Leave blank if same as above)

Claim for

Period of Disability and
Disability Insurance Benefits

118-03-2155
(Social Security Number)

This case is before the Appeals Council on remand from the United States District Court for the Western District of New York (Civil Action File Number 1970-132).

The administrative law judge, formerly "hearing examiner," in his decision of December 10, 1969, held that the claimant was not entitled to a period of disability or to disability insurance benefits under the applicable provisions of the Social Security Act. The Appeals Council vacates its denial of the claimant's request for review of that decision.

The statements of the administrative law judge as to the pertinent provisions of the Social Security Act, the issues in the case, and the evidentiary facts which were before him are incorporated herein by reference.

Evidence in addition to that previously considered has been introduced into the record as Exhibits AC-1 through AC-6. The documents are briefly described in the appended list of exhibits. On December 1, 1972, the claimant and her attorney were given an opportunity to review and comment on those exhibits not previously seen by them (Exhibit AC-7). In response, the attorney submitted another report from Dr. Pietropaoli dated December 9, 1972. That report is entered into the record as Exhibit AC-8.

PROCEDURAL HISTORY

The claimant filed her first application for a period of disability and disability insurance benefits under the Social Security Act on November 22, 1965. At that time she alleged that she became unable to work on March 17, 1965, as the result of arthritis and chronic bronchitis. This application was denied on December 17, 1965, because the claimant did not meet the insured status requirements of the Act.

A statement of the claimant's earnings indicates that she first met the earnings requirements on January 1, 1967, and last met these requirements on September 30, 1971 (Exhibits 9 and AC-9).

On December 2, 1968, she filed a second application, alleging inability to work since June 1967, as the result of "osteoarthritis plus complications." This claim was denied initially, upon reconsideration, and by an administrative law judge following a hearing at which she appeared and testified. In his decision of December 10, 1969, the administrative law judge found that the claimant was currently insured but was not under a "disability" as defined in the Act.

Following the denial of the claimant's request for review of that decision, a civil action was instituted. With his brief, the attorney for the plaintiff submitted two additional statements from John A. Pietropaoli, M. D., the claimant's treating physician (Exhibits AC-1 and AC-2). On March 29, 1972, the court remanded this case to the Secretary to consider these reports and for the taking of additional evidence. Additional evidence has been obtained and the case is now before the Appeals Council for final administrative decision.

SUMMARY OF THE ADDITIONAL EVIDENCE

In his reports dated March 23, 1970 and February 20, 1971, respectively, Dr. Pietropaoli stated that he has treated the claimant since September 1968. He stated that she has severe osteoarthritis of the lumbar spine, wrists and hands; deformity of both wrists, "probably congenital;" hypertension; and a history of fractures of both ankles, legs and wrists. He stated in the first report that "In view of her constant pain in the affected joints at rest, I would have to consider her totally disabled" (Exhibit AC-1). In the second report he stated that "She is completely disabled and needs every financial assistance in obtaining her drugs and medication" (Exhibit AC-2). In a third report, dated December 9, 1972, the doctor stated that the "only confirmatory evidence" of his diagnosis of osteoarthritis was the report of x-rays by Dr. Lorie Gulino (See Exhibit 23). Dr. Gulino's report indicated "minimal degenerative changes in the lower cervical spine; moderate changes in the wrists compatible with rheumatoid arthritis." On this basis, Dr. Pietropaoli stated that the diagnosis would "resolve into" mild degenerative arthritis of the cervical spine and moderate rheumatoid arthritis of the wrists (Exhibit AC-8).

In view of the claimant's continued complaints and the paucity of objective medical evidence, the claimant was examined at government expense on September 17, 1972, by Jared H. Krackov, M.D., a Diplomate of the American Board of Internal Medicine, and x-rays were taken on September 21, 1972, by Frederick S. Erdman, M. D., a Diplomate of the American Board of Radiology (Exhibits AC-3, AC-5).

Dr. Krackov reported that by history the claimant has had a syndrome of rather severe polyarthralgia since 1968 with a minimum of objective findings. The claimant told the doctor that she was unable to use her arms and legs for any useful purpose and that she could stand for only ten minutes at a time. She claimed to have attacks of arthritis in which she hurts "everywhere," but she was unable to describe any acute swelling of joint deformities to coincide with these attacks. She was taking Valium for "nerves," Talwin for pain, and Tandearil. She also took medication for high blood pressure.

On physical examination the claimant was 4'11" tall and weighed 112 pounds. Doctor Krackov reported that she was "somewhat dramatic in her presentation, groaning with most movements that were required for examination." However, when she left the office, Dr. Krackov observed that she was "able to walk without any groans." Her blood pressure was 160/100, and her pulse was 80. The sed rate was normal, and the latex fixation test negative. There was no limitation of neck motion. A thorough examination of her joints was performed and there was "questionable limitation of shoulder motion," no limitation of neck motion, no limitation of motion of any other joint and no joint deformities except for the right middle finger, which was "swollen at the PIP joint and was kept in a flexed position." There was no symmetrical swelling of any other digital joints, no Heberden's nodes, and no loss of muscle mass was noted. Dr. Krackov concluded that the claimant had "definite hypertension with grade 2 funduscopic changes" and a deformity of one joint of her right middle finger. There were no objective findings suggestive of rheumatoid or degenerative arthritis (Exhibit AC-3).

Dr. Erdman, a radiologist, reported that based on x-rays taken on September 21, 1972, the claimant's right shoulder and right knee exhibited no significant findings and no evidence of fracture. His impression was of a "normal right shoulder" and "negative right knee" (Exhibit AC-5).

EVALUATION OF EVIDENCE

A careful review of all the medical evidence now of record does not establish that the claimant had a disabling physical or emotional impairment on or before September 30, 1971, when she was last insured for purposes of receiving Social Security disability insurance benefits. Despite Dr. Pietropaoli's statements that the claimant is disabled, his ultimate diagnosis of mild degenerative arthritis of the cervical spine and moderate rheumatoid arthritis of the wrists indicates at most only a slight functional limitation. X-rays taken on June 24, 1969, at the Genesee Hospital indicated that the claimant has a congenital deformity of the wrist, known as "Madlungs deformity." This was described by the radiologist as "likely the sequela of a defect in the epihyseal development medially which causes the bones [of the wrist] to slow their growth in the medial portion" (Exhibit 22). Dr. Krackov stated that the Madlungs deformity was of "doubtful clinical significance" (Exhibit AC-3).

In addition, Dr. Krackov found "no objective findings suggestive of rheumatoid or degenerative arthritis," in contrast to the diagnoses of both rheumatoid and degenerative arthritis by the treating physicians. In this regard, the Appeals Council notes that the treating physicians' reports have been generally quite brief and have contained little clinical date or laboratory findings which would confirm a diagnosis of rheumatoid arthritis or support a finding of significant degenerative changes. On the other hand, Dr. Krackov noted that a latex agglutination test was negative and uric acid and the sedimentation rate were normal. A "thorough examination of her joints" revealed no limitation of motion in any joints except her shoulders, where the limitation was "questionable." He diagnosed only hypertension, for which the claimant is taking medication, and a deformity of one joint of her right middle finger.

Although the claimant's complaints have been diagnosed at various times as anxiety, conversion hysteria and neurosis, the report of an examination conducted on March 10, 1969, by Benjamin Pollack, M. D., a neuropsychiatrist, did not reveal a significant mental impairment. She was spontaneous, coherent, relevant, and well orientated. Although she described pain and limitation of motion with "dramatic emphasis," these apparently disappeared when she was distracted. Dr. Pollack diagnosed a "conversion hysteria," but described no significant limitation placed upon her thereby (Exhibit 20).

Thus, the evidence of record indicates that although the claimant has some discomfort in the joints of her upper extremities, mild degenerative arthritis of the cervical spine, and some deformity, probably congenital, in her wrists, she retained the capacity, on or before September 30, 1971, to perform many of the jobs she performed previously, as set forth by the administrative law judge in his decision issued on December 10, 1969.

FINDINGS OF FACT

After careful consideration of all the evidence now of record the Appeals Council makes the following findings:

1. The claimant last met the special earnings requirement of the Social Security Act on September 30, 1971.

2. The claimant has not established that she has any impairments, either singly or in combination, which would preclude her from engaging in any substantial gainful activity.

3. The claimant was not under a "disability," as defined in the Act, at any time during which she met the insured status requirements.

DECISION

It is the decision of the Appeals Council that the claimant is not entitled to a period of disability or to disability insurance benefits under the Social Security Act, as amended. The administrative law judge's decision issued on December 10, 1969, is affirmed.

APPEALS COUNCIL

Carl Monk

Carl Monk, Member

JAN 29 1973

DATE

Norman S Kerns

Norman S. Kerns, Member

TELEPHONE (716) 546-4447

EDMUND CLYNES

45 Exchange St. Rochester, N.Y. 14614

Dec 12th, 1972

Dear Mr Monk:

Re; Cervia Wiemer, 117 Dorsey Rd, Rochester, N.Y.

Enclosed please find Dr Pietropaoli 's letter in answer to the letters submitted by you.

Ypurs truly,

edmund clynes

Edmund Clynes

Carl Monk
Member Appeals Council
Washington. D.C.
Copy Mrs Wiemer

C, C, 129

SIBERT R. DOUGLAS, M.D.
WERNER KUNZ, M.D.
JOHN A. PIETROPAOLI, M.D.
220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607

Telephone 546-2240

December 9, 1972

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

118-03-2155

Dear Mr. Clynes:

Re: Cervia Wiemer

The only confirmatory evidence of our diagnosis of osteoarthritis is the report of Dr. Lorie Gulino's cervical spine x-ray report of minimal degenerative osteoarthritic changes of lower cervical spine.

Evidence of rheumatoid arthritis exists in Dr. Gulino's report of hands and wrists x-rays "compatible with moderately advanced rheumatoid arthritis with loss of joint space and deformity of medial aspects of the radius, and soft tissue swelling over ulnar side of both wrists".

Therefore, the diagnoses would resolve into:
1. Mild Degenerative Arthritis - cervical spine.
2. Moderate Rheumatoid Arthritis - wrists.

Sincerely,

John A. Pietropaoli, M.D.

JAP:jm

Readers Ask
HELP!

Democrat & Chronicle • Rochester, N. Y. 14614
Phone: 232-5300 Ext. 360 or 350

Dear Sir/Madam,

HELP! is a public service column of the Democrat and Chronicle that tries to help readers solve their problems and answer their questions. We receive many such requests each week, forwarding those we feel merit further attention.

On behalf of the Democrat and Chronicle, and of our readers, we ask that you give them consideration, if your investigation shows that action is justified.

May we ask that you keep us advised of any recommendations you make or solutions you effect?

Sincerely,

Brad Knickerbocker, Editor
HELP! Column

Rochester, N. Y.
DEC 16 1971
21103
SSA DISTRICT OFFICE

RECEIVED
NOV 25

Dear Sir HELP

Since 1965 I've had physical problems, I've applied for Social Security benefits. My Doctor said I am not able to work anymore. I've tried to get help since 1968 and can't understand why I'm not getting any help.

Emma M. Wiemer

P. S. I understand there is no report by the hearing examiner on broken legs & bones etc — I've been laid up since last March with three fractures of the left ankle. Dr Pietrafesa has all the records Hoping you can help - Sincerely - C. M. Wiemer

118-03-2155

SOC SEC-320

BEST COPY AVAILABLE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

BUREAU OF
HEARINGS AND APPEALS

REFER TO:

HA:P
118-03-2155

AUG 21 1972

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

Dear Mr. Clynes:

Re: Mrs. Cervia M. Wiemer, 117 Dorsey Road, Rochester, New York 14616

The Appeals Council has received your letter of July 28, 1972, containing Dr. Pietropaoli's report of March 23, 1970. (S[illegible] A2-7)

We have requested the Director, Bureau of Disability Determinations, State Department of Social Services, 110 William Street, New York, New York 10038 to arrange for a medical examination at no cost to Mrs. Wiemer.

After we receive the information, we will communicate with you further.

Sincerely yours,

Carl Monk
Member, Appeals Council

cc: Mrs. Cervia Wiemer

TELEPHONE 716 546 4447

133

EDMUND CLYNES

45 Exchange St. Rochester, N.Y. 14614

n/r

July 28th, 1972

Carl Monk
Appeals Council
Dept of Health, Education and Welfare
PO Box 2518, Washington, D.C

Dear Mr Monk:

Wiemer

Cervia M. ~~Wiemer~~, 117 Dorsey Rd
Rochester, N.Y. 14616

Enclosed please find copy of Dr Pietropoal8's report of March 23, 1970. (See AC-1)

I had, prevdously given U.S.District Judge Harold P. Burke and Mr Sullican, Ass U.S.Attorney a copy of the report.

Yours truly,

edmund clynes

Enc letter

Edmund Clynes

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

134

BUREAU OF
HEARINGS AND APPEALS

HA:P
RECEIVED
118-03-2155

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

JUL 24 1972

Dear Mr. Clynes:

Re: Mrs. Cervia M. Wiemer, 117 Dorsey Road
Rochester, New York 14616

The Appeals Council has received the court order remanding Mrs. Wiemer's case.

The court's order refers to additional medical reports from John A. Pietropaoli, M.D., which have not been considered by the Appeals Council. We have a copy of Dr. Pietropaoli's report dated February 20, 1971, but do not have a copy of his report dated March 23, 1970. We would appreciate your forwarding to us a copy of this report and any other additional evidence you may wish to submit, within twenty (20) days from the date of this letter.

After we receive this evidence, we will communicate with you further.

Sincerely yours,

Carl Monk
Member, Appeals Council

cc: Mrs. Cervia M. Wiemer

SIBERT R. DOUGLAS, M.D.
WERNER KUNZ, M.D.
JOHN A. PIETROPAOLI, M.D.
220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607

Telephone 546-2240

March 23, 1970

To whom it may concern:

Mrs. [illegible] has been under my care since September 19, 1966.

She has rheumatoid, progressive arthritis of the lumbar spine and hips, with ankylosis of both wrists (probably primarily on a basis of rheumatoid of both ankles, toes, and wrists.

She has been worse since 1968.

In view of her constant pain in the affected joints at rest, I would have to consider her totally disabled.

Sincerely,

John Pietropaoli, M.D.

BEST COPY AVAILABLE

Redwell v. [illegible]
Civil No. 195-71
Defendant's
Exhibit
Date Entered
[illegible]

EXHIBIT A C 1

SIBERT R. DOUGLAS, M.D.
WERNER KUNZ, M.D.
JOHN A. PIETROPAOLI, M.D.
220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607

Telephone 546-2240

February 20, 1971

To Whom It May Concern:

I have taken care of Mrs. Cervia Wiemer since September of 1968. She has severe osteoarthritis of the lumbar spine, wrists, and hands, and also hypertension.

She is completely disabled and needs every financial assistance in obtaining her drugs and medication.

Sincerely,

John A. Pietropaoli, M.D.

JAP:kmt

"Best Typed Copy of Following Page for Legibility"

SCOTT P. DOUGLASS M.D.
WERNER [illegible] M.D.
JOHN A. [illegible] M.D.
[illegible] ALEXANDER STREET
PRINCETON, NEW JERSEY 08540

TELEPHONE [illegible]

February 20, 1971

To Whom It May Concern:

I have taken care of Mrs. [illegible] since [illegible] 1964, [illegible] has severe [illegible] of the lumbar spine, sciatica, and [illegible] syndrome.

She is [illegible] [illegible] and [illegible] [illegible].

Sincerely,

[illegible]

[illegible]

BEST COPY AVAILABLE

EXHIBIT AC 2

DAVID EISENBERG M.D.

JARED H. KRACKOV M.D.

1393 SOUTH AVENUE ROCHESTER, NEW YORK 14620 / TEL. 271-0966

INTERNAL MEDICINE

138

September 27, 1972

Philip R. Casesa, M.D.
Chief Medical Consultant
Bureau of Disability Determinations
110 William Street
New York, New York 10038

Re: Cervia Wiemer
Soc. Sec. #118-03-2155

Dear Doctor Casesa:

I examined Mrs. Wiemer on September 17, 1972. Her history of apparent disability since 1960 was reviewed with the patient and with the numerous documents contained in the medical exhibits folder. Briefly, she has had a syndrome of rather severe polyarthralgia since 1960 with a minimum of objective findings. She states that she is unable to use her arms and legs to any useful purpose and that she can only stand for ten minutes at a time. She claims to have difficulty in getting dressed and to be unable to put her arms over her head. She claims to be able to walk only short distances, several feet, and claims to fall all the time. Because of her falling, she apparently sustained a fracture of her right lower leg in 1971 treated by Doctor Crawford in Rochester, New York. Her actual symptoms began in 1962 but didn't cause disability until 1968. She claims to have "attacks" of arthritis in which she hurts everywhere but is unable to describe any acute swelling or joint deformities to coincide with these "attacks." There appears to be no waxing or waning of her symptoms; they're always there and always bad.

Diagnoses in the past have been both possible rheumatoid arthritis, osteo-or degenerative arthritis, and nervousness. A review of the supplied records reveals very little in the way of significant objective findings; multiple x-rays were taken in June of 1969 and included normal sacroiliac joints, negative x-rays of her left knee and right knee, and x-rays of her hands not at all diagnostic of rheumatoid arthritis but possibly suggestive of of a developmental deformity called Madlungs deformity which is of doubtful clinical significance. She also had a negative latex agglutination and normal uric acid in 1969.

EXHIBIT A-C-3
(383)

The patient currently takes Valium for her nerves, frequent Talwin for her pain, and Tandearil. She also takes Enna for her elevated blood pressure. Her past medical history includes a hysterectomy and tonsillectomy, the use of bifocal glasses, exertional dyspnea, and the occasional use of alcohol as well as one pack of cigarettes per day.

On physical examination, she is 4'11" tall and weighs 112 pounds. She was somewhat dramatic in her presentation, groaning with most movements that were required for examination; however, when she left the office, she was able to walk without any groans. Her blood pressure was 160/100 and her pulse was 80. There was no limitation of neck motion. Funduscopic examination revealed definite arteriolar narrowing and A-V nicking. A thorough examination of her joints was performed and there was questionable limitation of shoulder motion, no limitation of neck motion, no limitation of motion of any other joint and no joint deformities except for the right middle finger. The right middle finger was swollen at the PIP joint and was kept in a flexed position. There was no symmetrical swelling of any other digital joints and no Heberden's nodes; this appeared to be an isolated finding. In addition, there was no loss of muscle mass noted.

The sed rate was 5 millimeters per hour which was normal. Additional laboratory studies are pending.

In conclusion, this patient has definite hypertension with grade 2 funduscopic changes, and has a deformity of her PIP joint of her right middle finger that is isolated and suggestive of trauma. There are no objective findings suggestive of rheumatoid or degenerative arthritis.

Yours truly,

Jared H. Krackov, M.D.

later - neg
LE prep - neg
X ray L. shoulder - normal
X ray R hand - normal

JHK:jw
Encls.

REPORT OF CONTACT
(Use ink or typewriter)

ACCOUNT NUMBER AND SYMBOL: 118-03-2155 1A1

TO: REVIEWING OFFICE: NY P BIR CH KC SF DBS DIO SA

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON: Clara M. Wiener

PERSON(S) CONTACTED AND ADDRESSES: ☐ WE OR SE PERSON ☒ OTHER (Specify)

Jared Kreeger, M.D. — Highland Hosp Lab.
Rochester, N.Y. — Rochester, N.Y.

CONTACT MADE: ☐ DO ☐ BO ☐ SC ☐ HOME ☑ PHONE ☐ OTHER

DATE OF CONTACT: 10/20/71

SUBJECT

Dest: 121-166-271-0966 - Miss Walker, Sec'y to CEM
121-166-473-3??? - Highland Hosp. Lab.

Purpose: To determine whether BUN were done.

Facts: Miss Walker secretary to CEM advised that blood uric acid was done and found at 4.0.

Highland hospital was contacted, no record about that worker and lab results would be mailed tomorrow - 10/21/71. BUN was N.D.

Next action: Refer to examiner for DAV [illegible] of claim

SIGNATURE: [illegible]

DISTRICT OFFICE

☐ CR ☐ FR ☐ SH ☐ CLAIMS CLERICAL ☐ OTHER (Specify)

DATE OF ACTION: 10/21/71

PAGE

DO NOT WRITE IN MARG.

FORM SSA-5002 (2-71)

PROFESSIONAL QUALIFICATIONS

1. Physician's Name KRACKOV (Last) JARED (First) H. (Middle)

2. Address 1393 South Avenue
Rochester, New York 14620

3. Year of Birth (B): 1935

4. Medical Education (ME): State: New York
School: State University of New York, Downstate Medical Center New York-Brooklyn
Year of Degree: 1960

5. Year of License (L): 1964

6. American Specialty Boards (AB): American Board of Internal Medicine, DIPLOMATE

7. Medical Specialties: Internal Medicine

8. Type of Practice (TOP): Full-time

9. National Scientific Medical Societies (SS): American Society of Internal Medicine

10. Professorial Appointments (PA): State:
School:
Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory
Year: 1969 Edition: 25 Page: 2874

Other Sources:

EXHIBIT ACK

FORM HA-526
(3-71)

142

277 ALEXANDER STREET
ROCHESTER, N. Y. 14607
PHONE: 546-4110

A. GORDON IDE, M. D.
THEODORE B. STEINHAUSEN, M. D.
ROBERT J. CALIHAN, M. D.
JOHN W. COLGAN, M. D.
CHARLES E. SHERWOOD, M. D.
BEN SISCHY, M. D.
FRANCIS M. KELLEY, M. D.
FREDERICK S. ERDMAN, M. D.
E. JOAN FURNAS, M. D.

2273 CLINTON AVE. SO.
ROCHESTER, N. Y. 14618
PHONE: 546-4110

72 SEP 25 PM 12:23

September 22,1972

Dr. Philip Casesa
Dept. of Social Services
110 William Street
New York, N.Y. 10038

Dear Dr. Casesa:

The following is the report on Mrs. Cervia M. Wiemer, who was in our Medical Arts office on September 21,1972.

Right shoulder. The bone structure is intact and normal. There is no evidence of fracture or soft tissue calcification. There are no significant findings.

IMPRESSION: Normal right shoulder.

Right knee. There is no evidence of joint effusion. The bone structure is intact. There are no foreign bodies within the joint.

IMPRESSION: Negative right knee.

Thank you for theopportunity of seeing Mrs. Wiemer.

Sincerely yours,

F S Erdman

Frederick S. Erdman, M.D.

SR;ss;p
203540

cc: Dr. Krackov

EXHIBIT A-5

PROFESSIONAL QUALIFICATIONS

143

1. Physician's Name ERDMAN (Last) FREDERICK (First) S., Jr. (Middle)

2. Address South Avenue-Bellevue Drive

Rochester, New York 14620

3. Year of Birth (B): 1934

4. Medical Education (ME): State: New York

School: Cornell University Medical College, New York

Year of Degree: 1960

5. Year of License (L): 1961

6. American Specialty Boards (AB): American Board of Radiology, DIPLOMATE

7. Medical Specialties: Radiology

8. Type of Practice (TOP): Other full-time staff in hospital service

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory

Year: 1969 Edition: 25 Page: 2671

Other Sources: Directory of Medical Specialists, Vol. 13, 1968-69; p. 1614.

EXHIBIT RCG

FORM HA-526
(3-73)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

REFER TO:

BUREAU OF
HEARINGS AND APPEALS

HA:P
118-03-2155

DEC 1 1972

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

Dear Mr. Clynes:

Re: Mrs. Cervia M. Wiener, 117 Dorsey Road, Rochester, New York 14616

In furtherance of the court order of remand in Mrs. Wiener's case, the Appeals Council proposes to introduce the following documents into the record as exhibits:

Medical Report signed by Jared H. Krackov, M. D. dated September 27, 1972.

Professional Qualifications of Jared H. Krackov, M. D

Medical Report signed by Frederick S. Erdman, M. D. dated September 22, 1972.

Professional Qualifications of Frederick S. Erdman, M. D.

Report of contact with Jared H. Krackov, M. D. dated October 24, 1972.

We are enclosing copies of these documents to afford you an opportunity to examine and comment on them before they are received into the record. If you have any comments or additional documents, please submit them to the Appeals Council within 10 days from the date of this letter. Thereafter, the Appeals Council will consider the record, including the proposed exhibits, and will issue its decision.

Sincerely yours,

Carl Monk
Member, Appeals Council

Enclosures

cc: Mrs. Cervia M. Wiener

EXHIBIT ACJ

C, C1

145

SIBERT R. DOUGLAS, M.D.
WERNER KUNZ, M.D.
JOHN A. PIETROPAOLI, M.D.
220 ALEXANDER STREET
ROCHESTER, NEW YORK 14607

Telephone 546-2240

December 9, 1972

Mr. Edmund Clynes
Attorney at Law
45 Exchange Street
Rochester, New York 14614

118-03-2155

Re: Cervia Niemer

Dear Mr. Clynes:

The only confirmatory evidence of our diagnosis of osteoarthritis is the report of Dr. Lorie Gulino's cervical spine x-ray report of minimal degenerative osteoarthritic changes of lower cervical spine.

Evidence of rheumatoid arthritis exists in Dr. Gulino's report of hands and wrists x-rays "compatible with moderately advanced rheumatoid arthritis with loss of joint space and deformity of medial aspects of the radius, and soft tissue swelling over ulnar side of both wrists".

Therefore, the diagnoses would resolve into:
1. Mild Degenerative Arthritis - cervical spine.
2. Moderate Rheumatoid Arthritis - wrists.

Sincerely,

John A. Pietropaoli, M.D.

JAP:jm

EXHIBIT A-8

118-03-2155 CM WIEMER 05-16 FEMALE JOB 530

F

	EARNINGS	WQC	SE	AG		EARNINGS	WQC	SE	AG
TOTAL	10500.90	28			51 TO	9158.13	28		
51	36.94		0	-	52	80.04		0	-
53	456.61	CCCN	0	-	54	NONE	NNNN	0	-
55	NONE	NNNN	0	0	56	189.50	NNNC	0	0
57	NONE	NNNN	0	0	58	NONE	NNNN	0	0
59	482.94	CNNN	0	0	60	NONE	NNNN	0	0
61	647.55	NCCC	0	0	62	1548.58	CCCC	0	0
63	1956.76	CCCC	0	0	64	1583.12	CCCC	0	0
65	142.70	CNNN	0	0	66	818.76	NNCC	0	0
67	1049.53	CCCN	0	0	68	165.00	NNCN	0	0
69	NONE	NNNN	0	0	70	NONE	NNNN	0	0
71	NONE	NNNN	0	0					

2/10/71

EXHIBIT AG-9

BEST COPY AVAILABLE

EXHIBIT AG-9